Performance

Report

**1800 951 822**

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| Name: | IRT Thomas Holt Kirrawee |
| Commission ID: | 0157 |
| Address: | 1-25 Acacia Road North, KIRRAWEE, New South Wales, 2232 |
| Activity type: | Site Audit |
| Activity date: | 12 March 2024 to 15 March 2024 |
| Performance report date: | 16 April 2024 |
| Service included in this assessment: | Provider: 835 Illawarra Retirement Trust  Service: 173 IRT Thomas Holt Kirrawee |

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 Thomas Holt Kirrawee (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received on 5 April 2024
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Not 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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 4(3)(f)** – The service ensures the meals given to consumers are appetising, appealing and are of a suitable temperature when served.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and respect, and they were aware of their needs. Staff advised how they respectfully communicated with consumers and learnt their needs and preferences through conversations and reviewing documents. Staff were observed to treat consumers with dignity and respect while supporting them.

Consumers and representatives described how the consumer’s culture was respected and supported by staff. Staff were aware of consumers from culturally diverse backgrounds and could described their different practices and needs. Care documentation captured information regarding the consumer’s cultural needs and preferences.

Consumers felt supported to make their own decisions and to form and maintain personal relationships, with people residing within or externally. Staff said they ensured consumers were offered choices regarding the delivery of the care and services and asked for their consent before providing care. Consumers were observed to have access to telephones to make calls, and receiving visits from friends and family members within their rooms and communal areas.

Consumers and representatives confirmed consumers were supported to engage in their chosen activities which contained an element of risk, including smoking and eating foods outside of their texture modified recommendations. Care documentation evidenced risk assessments were conducted, with consumers and representatives informed of the risks with their chosen activities, as well as the strategies in place to manage these risks.

Consumers and representatives said they were provided with information which supported consumers to exercise choice and make informed choices. Staff advised consumers were provided with a weekly lifestyle calendar which informed them of upcoming events and activities. Information regarding upcoming activities, complaints information, and consumer meeting dates were observed to be available to consumers, however, the meals served often differed from that communicated to consumers. This is further considered under Requirement 4(3)(f).

Consumers confirmed staff were respectful of their privacy and staff knocked on their doors prior to entry. Staff advised they closed doors and blinds when providing care to consumers. Staff were observed to conduct handover in private areas to ensure consumer’s personal information was discussed confidentially.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

A checklist was used to ensure staff methodically assess each consumer, with an interim care plan developed when a consumer enters care. Staff were aware of their responsibilities for using and completing assessment tools to identify risks to consumers’ well-being. Care documentation evidenced risks identified through assessment were used to inform the development of a comprehensive care plan.

Representatives confirmed they were involved in discussions regarding the consumer’s end of life care needs and preferences. Care documentation reflected consumers’ advance care preferences, and outlined the supports they required to maintain their comfort at end of life. Staff described how they approached advance care planning discussions with consumers and their representatives and said if consumers did not wish to discuss they end of life preferences upon their entry to the service, they would revisit the conversation during care plan reviews.

Consumers and representatives confirmed assessment and planning processes were completed in consultation with them, staff and health professionals. Care documentation evidenced input from consumers, representatives, medical officers and allied health professionals. Staff described how they involved consumers and representatives in the assessment and planning process through face to face meetings, telephone calls or emails.

Consumers and representatives confirmed they knew what was in the consumers care plan and a copy had been offered to them. Care documentation evidenced case conferences were routinely held with consumers and representatives where staff discussed assessment and planning outcomes with them.

Care documentation evidenced care plans were reviewed every 3 months and when the consumer’s circumstances changed. Staff were aware of their roles and responsibilities to report incidents and changes in the consumer’s condition which may lead to a reassessment of the consumer’s care plan. Representatives confirmed the consumer’s care plan was reviewed following health changes, and they were kept informed.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers received care that was safe and effective, and tailored to their needs. Staff demonstrated knowledge of consumers’ personal and clinical care needs, and the supports required to ensure these needs were met. Policies and procedures in relation to restrictive practices, falls management, wound care and pressure injuries were in place to guide staff practice to provide best practice care.

Consumers and representatives confirmed risks to the consumer’s well-being including weight loss, falls, pressure injuries and pain were effectively managed. Care documentation identified individual risks to consumers and the strategies in place to mitigate these risks. Staff understood the high impact or high prevalence risks of consumers, and the supports required to promote the safety of consumers.

Consumers and representatives said consumers had an advance care directive in place, and their end of life goals were documented. Staff described how they would provide end of life care to consumers including by providing reassurance and emotional support, supporting their family, maintaining their comfort and managing their pain.

Care documentation evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Representatives confirmed consumers’ cognitive and physical health declines were identified and promptly responded to. Staff described the signs to monitor for which may indicate deterioration, such as loss of appetite, unplanned weight loss and changes in mobility.

Consumers and representatives confirmed staff were consistently aware of their care needs. Management advised information regarding the consumer’s condition and care needs was discussed during shift handover and weekly care meetings. Staff were observed to communicate consumers’ information during handover and document this information within the electronic care management system.

Representatives confirmed consumers were referred to allied health professionals in a timely manner following the identification consumers’ health issues. Care documentation evidenced referrals to allied health professionals and medical officers were made in response to changes to the consumer’s condition. Staff described the process to refer consumers to internal and external providers of care.

Consumers and representatives provided positive feedback regarding staff’s management of infection related risks, including COVID-19. Staff described the infection prevention control measures they take, including practicing hand hygiene and wearing appropriate personal protective equipment. Management advised they monitored the use of antibiotics in collaboration with medical officers, and implement measures to ensure the appropriate use of antibiotics.

# 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. | Not Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as non-compliant as one of the 7 Requirements has been found non-compliant. In coming to my finding, I have considered the information contained within the Site Audit report and the provider’s response submitted on 5 April 2024.

The Site Audit report evidenced the majority of consumers provided negative feedback regarding the temperature at which meals were served describing it to be insufficient, with meals also described as unappealing and unappetising.

Consumers observed participating in a food focus meeting held during the Site Audit, further advised the meals they received did not match those offered on the menu and menus were not available within the dining rooms, to allow consumers to make choices on their preferred meals for the day.

Management confirmed they were aware of these concerns and confirmed they had been working with consumers and the catering company who were responsible for the preparation of meals to improve meal services, however, ongoing negative feedback continued to be received.

The provider’s response acknowledged these findings and a plan for continuous improvement (PCI) was submitted, outlining their actions taken, commenced, and forecast, to improve the quality of food prepared and the temperature at which meals were served. I acknowledge the corrective actions which have already been completed including holding responsive food focus meetings to further understand and address consumers concerns, reviewing and revising current menus and initiating weekly meetings with caterers to monitor their performance. I note the performance of the on-site catering manager has been deemed inadequate and they are to be replaced, with recruitment activities progressing.

The PCI and supporting documentation, evidenced improvement actions were still being undertaken and were yet to be evaluated to demonstrate their effectiveness. I encourage the provider to embed these changes into their usual practice to ensure meals served to consumer are at a sufficient temperature and are of suitable quality.

Based on the detailed evidence above, I find Requirement 4(3)(f) is non-compliant.

In relation to the remaining 6 requirements of this Quality Standard, I find them compliant as:

Consumers confirmed they could engage in a variety of activities which they enjoyed and optimised their quality of life. Staff advised consumers’ feedback, physical and cognitive abilities were considered when developing upcoming activities. The lifestyle activities calendar included a range of activities catering to the various interests and abilities of consumers.

Consumers confirmed staff provided them with supports to maintain their religious and spiritual needs and preferences. Staff described one to one support was provided to consumers who chose not to participate in group activities. Care documentation captured consumers’ emotional and spiritual needs and preferences.

Consumers said they were supported to exit the service to attend activities and go for walks. Staff described how they supported consumers to maintain relationships by facilitating phone calls and welcoming their visitors into the service. Consumers were observed to socialise with other consumers within communal areas and receive visits from their family and friends.

Consumers confirmed staff were aware of their daily living needs and preferences and were respectful on their decisions. Staff advised they were kept informed of changes in the consumer’s condition through shift handover and the electronic care management system. Care documentation evidenced information was regularly updated to ensure current information was effectively communicated to staff.

Consumers said they were supported by various volunteers and organisations to meet their needs. Staff described how a range of external services were engaged to broaden the lifestyle activities and supports offered to consumers, including pet and art therapy, and concerts. Care documentation confirmed the collaboration with external organisations and individuals to meet the needs of consumers.

Staff described the process to log maintenance request when issues were identified, and advised shared equipment was disinfected after each use. Consumers confirmed their equipment was safe, clean and well maintained. Maintenance records evidenced all requests for maintenance were up to date.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives felt the service environment was welcoming and easy to understand. Staff described how they welcomed consumers and their visitors and supported them to make their space feel like home. The rooms of consumers’ were observed to contain their personal items, including photographs, artwork and furniture.

Consumers said the service environment was clean, well maintained and they were able to freely access the outdoor areas. Staff advised maintenance requests could be logged electronically or by telephone, and an after-hours number was available for urgent issues. Staff were observed to clean in accordance with their cleaning schedule, including consumers’ rooms, bathrooms and communal areas.

Consumers confirmed their furniture, fittings and equipment was kept clean and in operational order. Maintenance documentation evidenced reactive requests for repairs and maintenance were attended to in a timely manner. Staff described the process for logging a maintenance request if equipment was identified to be unsafe for use.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers felt comfortable and supported to provide their feedback or make complaints. Staff described how they supported consumers and their representatives to provide feedback and said they would report feedback and complaints to management to ensure they were responded to appropriately. Feedback forms and lodgement boxes were observed to be displayed and accessible throughout the service.

Consumers and representatives were aware they could access external advocacy services to assist them to raise a complaint. Information regarding interpreter and advocacy services, including the Commission were displayed in multiple languages. Staff described how they supported consumers to access external advocacy bodies by directing consumers to information displayed around the service or obtaining the relevant contact details from management.

Consumers and representatives confirmed prompt action was taken in response to their complaints and said they were provided with an apology. Management advised that when a complaint was received, they would contact the complainant to discuss their concerns and the steps they will take to rectify the issue. Staff demonstrated an understanding of open disclosure practices, including by acknowledging the feedback, providing transparent communication and offering an apology.

Continuous improvement documentation evidenced changes were made as a result of consumer feedback. Management advised feedback and complaints were trended and analysed to identify inform improvement opportunities. Consumers confirmed their feedback and complaints had generally led to improvements, however, ongoing feedback in relation to meals served, had not resulted in an increase in food temperature or the quality of the meals served.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers confirmed there were enough staff to provide safe and quality care, and to meet their needs in a timely manner. Staff advised the staffing levels were sufficient, and management listened to their input regarding increasing staffing numbers when required. Management advised a fortnightly roster review was conducted to identify gaps in care and changes to consumers’ needs.

Consumers felt staff were consistently kind, caring and respectful during the delivery of their care. Staff described the importance of respecting consumers’ identity, and would feel comfortable to intervene if they identified a consumer was not being respected. Staff were observed to interact with consumers and representatives in a kind, respectful and welcoming manner.

Consumers felt staff were competent and appropriately skilled to perform their roles. Management advised staff were required to provide evidence of their current police checks, and their applicable qualifications and registrations to perform their roles prior to their employment.

Consumers confirmed staff were sufficiently trained to meet their needs, and they observed experienced staff providing guidance to new staff. Staff confirmed they received regular online and in person training, including on restrictive practices, incident management and infection control on an ongoing basis. Management described the induction training required to be completed during staff’s initial 3 month probationary period.

Staff were aware of the performance appraisal process, and described it occurred on an annual basis and involved discussions with management to discuss their performance and any additional supports they may require. Policies were in place which outlined the performance review process, timeframe and the responsibilities of management and staff. Management advised new staff received a performance appraisal after their 3 month probationary period, and they further checked in with them regularly to provide additional support.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers felt encouraged to engaged to provide their feedback through consumer meetings and feedback forms. Management advised consumers and representatives were encouraged to engage in the delivery and evaluation of care and services through care plan reviews, participating in consumer meetings and feedback processes. Consumer meeting minutes evidenced consumers were encouraged to participate and provide their feedback.

Consumers felt safe and secure, and confirmed staff were familiar with their care needs. Management advised they regularly consulted with the governing body to discuss key concerns including clinical governance, feedback and complaints, quality indicators and audit findings. There was a clear reporting structure between management and the Board which outlined their responsibilities and promoted safe and quality care.

Staff confirmed they had access to the information they required to perform their roles, including care documentation, policies and procedures. Management advised continuous improvement opportunities were identified through feedback from staff, consumers and representatives, and internal audit results. Management confirmed information regarding legislative and regulatory changes was monitored by the executive team and governing body, and communicated to the service.

Staff outlined their roles in responsibilities in responding to incidents under the Serious Incident Response Scheme. A range of policies and procedures were in place to guide staff practice in identifying, managing and responding to risks, and supporting consumers to live the best life they can. The incident register evidenced all incidents were appropriately recorded, reported and investigated with the actions documented.

Policies and procedures were in place to guide staff practice in relation to antimicrobial stewardship, restraining minimisation and open disclosure. Staff demonstrated an understanding of these policies and how they were applied in practice. Management advised the use of antimicrobials were reviewed on a daily basis and discussed on a fortnightly basis.

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)