Performance

Report

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| Name of service: | IRT Thomas Holt Sans Souci Gardens |
| Service address: | 188 Chuter Avenue SANS SOUCI NSW 2219 |
| Commission ID: | 0288 |
| Approved provider: | Illawarra Retirement Trust |
| Activity type: | Site Audit |
| Activity date: | 13 December 2022 to 15 December 2022 |
| Performance report date: | 9 January 2023 |

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 Sans Souci Gardens (**the service**) has been prepared by S. Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers and representatives sampled said consumers are treated with dignity and respect and staff respect their identity and culture, while providing respectful care and services to them.

Consumers said they are supported to make decisions about the way their care and services are delivered and can choose whom they wish to be involved. They said they are supported to take risks and to live the best life they can. Consumers provided examples of how the service accommodates and respects their choices and decisions. Consumers said they eat the food they like even if this is not part of their recommended diet. In these situations, dignity of risk forms are in place and discussions are held with the consumers and representatives; regular review occurs.

Consumers were satisfied with the information provided to them about activities, meals, COVID-19 and other events happening at the service. Activity calendars were observed displayed on noticeboards and in consumers’ rooms.

Plans to refurbish some aspects of the service are scheduled to occur in early 2023. During the period of refurbishment consumers will temporarily move to a sister site. Consumers and representatives said this had been discussed with them and some consumers had been taken to visit the sister site.

Staff said consumers are treated respectfully and provided examples of how they ensure blinds and doors are closed when providing care and using the consumer’s preferred name. Staff were observed knocking before entering consumers’ rooms and closing doors when delivering care.

Staff could describe consumers’ religious and personal preferences and demonstrated a knowledge of what matters to consumers. Staff said they keep information about the consumers confidential and this includes by utilising the electronic care management system, and by refraining from speaking about consumers in public areas.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives considered assessment and care planning delivered safe and effective care and services. They advised they are involved in assessment and planning, that they are advised of changes and that a copy of the care plan is provided.

The organisation has policies and procedures available to guide staff practice in the assessment and care planning processes.

Registered staff described the assessment, care planning and review process and said health professionals including for example, the medical officer, physiotherapist and dietitian are involved in the process. Staff reported they consult with individual consumer’s representatives via telephone, face to face and through electronic messages.

Staff advised there is discussion about a consumer’s end of life wishes when a consumer enters the service, at care plan review and if a consumer’s condition deteriorates.

Staff have access to information about the consumer through the electronic care management system which contains key information about consumers’ diagnoses, end of life wishes, risks, communication, mobility, diet and continence. Additionally, information is shared at handover.

Care plans are reviewed every three months by a registered nurse, when circumstances change or if there is an incident involving a consumer. The Care Manager and registered staff advised care plan reviews are scheduled with alerts on the electronic care management system.

The Assessment Team reviewed documentation and found care planning is completed in partnership with consumers and others they wish to be involved. Where it is assessed as necessary, other health care providers and organisations are included in assessment and planning for consumers. Documentation addressed potential risks to consumers’ health and wellbeing including falls, diabetes management and skin integrity.

# 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

The service has a suite of policies to guide staff in relation to personal and clinical care that includes the identification and management of high impact and high prevalence risks associated with the care of consumers and infection control.

Care planning documentation was reviewed for consumers requiring management of wounds, falls prevention, diabetes, challenging behaviours, pain, catheter care and maintenance of skin integrity. This demonstrated and consumer and staff interviews confirmed, consumers are receiving individualised care which is safe and right for them and is based on best practice.

Care documentation demonstrated staff recognise, report and respond to changes in a consumer’s condition. Clinical staff advised actions taken include assessment of the consumer, discussion with the consumer and representative, referral to the medical officer or allied health professionals and transfer to hospital if necessary. Care staff advised they notify clinical staff if they have concerns about a consumer’s condition.

Staff receive up to date information about consumers at handover and through the electronic care management system. Care documentation contained adequate information to support delivery of safe, quality personal and clinical care.

The service advised there are no consumers with restrictive practices in place and a review of the psychotropic register confirmed that consumers prescribed psychotropic medication have a corresponding diagnosis to support this.

Management reported they know care is safe and effective because they monitor the consumer’s condition, receive feedback from consumers about their care, review care documentation, analyse incidents to identify any emerging concerns or care needs and refer consumers to other health providers when required. The service is supported by a dietitian, medical officers, speech pathologist, physiotherapist, and pharmacist. Referrals can be made to a geriatrician, external dementia support service, audiologist, optometrist, palliative care consultancy service and local hospital and health service aged care team.

High impact, high prevalence risks to consumers are managed effectively via clinical review and high-risk management plans which includes other health professionals when required. Staff could describe the main risks to the consumers and the risk mitigation strategies in place. Strategies to mitigate risks are implemented, and management review, trend and analyse clinical incidents and quality indicator data which is reported both within the organisation and externally.

For those consumers approaching end of life, palliative care support is available from the local hospital. The Assessment Team confirmed that for these consumers, end of life preferences were reflected in the care plan and included pain management, pressure area care, spiritual preferences, emotional support and emergency medications. There was regular review by medical officers, regular repositioning and mouth care provided. Representatives of the consumer were provided emotional support. A representative for a consumer who had passed away said staff were ‘very caring’ and their family member’s wishes were followed.

Effective processes are in place for infection prevention and control including management of an infectious outbreak and there are practices to promote evidence-based use of antibiotics. A current outbreak management plan, policies and procedures guide staff in infection prevention and control, and antibiotic management. The service has an infection prevention and control lead and is provided with support from the organisation. Staff were familiar with practices to prevent and control infections including hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results before commencing antibiotics.

Consumers who wish to be are vaccinated, and antiviral medication is available and prescribed to consenting consumers who test positive to COVID-19. The Assessment Team observed staff, contractors and visitors undergoing entry screening which included a questionnaire and health declaration, temperature check and Rapid Antigen Test prior to entry. Clinical and care staff were observed to use required personal protective equipment when providing consumer care and using hand sanitiser regularly.

# Standard 4

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

Findings

Consumers and representatives said consumers are supported to engage in activities that are of interest to them, and are provided with relevant supports, such as equipment and resources, to promote their well-being, independence and quality of life. Consumers said the service provides them with emotional, spiritual and psychological support when needed.

Consumers provided examples of catching taxis to go out into the community, meeting friends at local clubs, using computers to research hobbies and engaging with volunteers who can speak in their native language. The Assessment Team found consumers are supported to participate in activities and hobbies of interest to them including shopping, dining out, playing golf, doing Zumba, accessing home library services and participating in musical activities and Christmas celebrations.

Care documentation detailed consumers’ preferences, needs and goals and identified those people important to individual consumers including those involved in providing care.

The service streams a live non-denominational church service on Sunday mornings, with a local Baptist church recommencing services that includes a pastoral care service following COVID-19 lockdowns. The service accesses an emotional well-being program for older people which can provide up to 10 sessions for consumers on referral by a registered nurse. A number of consumers have received this service.

Staff were familiar with consumers’ lifestyle preferences and could describe those consumers who have developed a friendship and relationships of importance with other individual consumers.

Consumers and representatives said the meals are satisfying, varied and of suitable quality and quantity. Alternative meal options are offered to consumers if they do not prefer any of the meals offered on the menu. Staff said they are informed of consumers’ nutrition and hydration requirements and preferences through the electronic care management system.

The service has a refrigerator and coffee machine in the dining area, for consumers and representatives to access. The refrigerator contains water, soft drink, cheese and biscuits. Consumers have small refrigerators in their rooms where they can store preferred drinks and food items.

Consumers and staff said the equipment is safe and they know how to report any concerns or issues. The service has processes for purchasing, servicing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean and well-maintained.

# 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

The service is welcoming, and easy to navigate with open corridors, natural light, activity room and dining areas, with a smaller quiet lounge area where consumers can meet with friends. Consumers can freely access outdoor areas and can personalise and decorate their rooms in a way that reflects individual tastes and styles.

Consumers expressed satisfaction with the service environment and said they had areas where they enjoyed being able to sit. Consumers said they are able to access outdoor areas if they choose and were satisfied the service is clean and well maintained.

The service equipment, fittings and furnishings were observed to be well maintained, clean and safe for consumers and their guests. Cleaning and maintenance tasks are scheduled and monitored daily. Staff have processes in place to promptly attend to identified maintenance issues or hazards when required and can be escalated to managers if necessary. Maintenance staff have preventative and reactive maintenance schedules in place. Specialist staff are contracted to maintain critical equipment and tasks such as fire safety equipment and pest management.

The Assessment Team found the external areas included raised garden beds with seating available. The service was clean and well-maintained with some rooms included in the planned refurbishment program.

The Assessment Team observed consumers accessing various parts of the service such as the activity room to participate in activities and using the computer in the lounge area to maintain contact with family and friends and to independently access information of interest to them.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they feel encouraged, safe and supported to provide feedback and make complaints, and could describe the various methods available for them to do so. These included speaking to management or staff directly, during consumer and representative meetings, through the use of feedback forms, contacting the service directly by email or phone, or lodging feedback through the organisation’s website. Consumers and representatives said they had access to information about how to escalate complaints to external advocacy services or to the Aged Care Quality and Safety Commission.

Management and staff advised the service captures all verbal and written feedback through feedback and complaints forms available throughout the service as well as through an online feedback form available on the organisation’s website

Management advised the service trends and analyses complaints, feedback and concerns raised by consumers and representatives and uses this information to inform continuous improvement activities across the service which are documented in the plan for continuous improvement and discussed as part of management and organisational meetings. The service provided evidence of improvements that had arisen from consumer feedback.

Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, including advocacy and translation services available for consumers and representatives. Complaints forms and information on how to make a complaint were observed on notice boards throughout the service.

Staff were able to describe how they would assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Methods described by staff included assisting them in completing a feedback form, utilising multi-lingual staff or translation services, using communication aids and contacting the consumer’s representative for further assistance.

The service has posters promoting external complaints mechanisms, including advocacy services. The consumer handbook includes information regarding internal and external complaints agencies to inform consumers and representatives of the complaints processes available to them.

The service evidenced policies including feedback and complaint management and open disclosure; staff demonstrated an understanding of the organisation’s policies. Review of the feedback and complaints register evidenced investigation of lodged complaints, actions to address any identified issues and demonstrated the application of open disclosure processes where required.

# 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

All consumers and representatives believed the service is sufficiently staffed and staff respond to any requests in a timely manner. Consumers and representatives said staff are kind, caring and treat consumers well and have the knowledge and skills to provide safe, quality care.

Management advised the service employs a mix of registered and care staff. Care staff are responsible for provision of meals and may also administer medication where qualified to do so. Management advised recruitment is ongoing and explained strategies used to replace staff on planned and unplanned leave, including extending and offering additional shifts.

Management advised call bell response times are monitored and calls in excess of the service’s 10-minute key performance indicator are investigated with actions implemented where deficiencies are identified. The Assessment Team observed staff responding to call bells and attending to consumers in a timely manner.

Staff said they are provided with training and the support they require to undertake their roles. Management advised new staff receive an orientation including face to face training on specific mandatory topics, are provided with ‘buddy’ shifts and are given access to the service’s online Learning Management System. The Assessment Team reviewed training records which demonstrated high compliance rates in all mandatory training modules including hand hygiene, restrictive practices, manual handling and clinical deterioration.

Management advised staff probationary appraisals occur over a three month period, and staff are engaged in their regular performance and development plan at every 12 months with regular informal ‘catch-ups’ throughout the cycle to discuss performance development. Staff said they are involved in regular performance appraisals that include feedback from supervisors on their performance and an opportunity to identify areas for further improvement and training.

Management said they use consumer and representative feedback through complaints and surveys to monitor staff behaviour and to ensure interactions between staff and consumers meet the organisation’s expectations. Any issues in performance identified through these monitoring mechanisms are addressed immediately and trigger a performance review.

There are processes for monitoring criminal record checks and Australian Health Practitioner qualifications for staff. The Assessment Team reviewed the service’s criminal record check register and identified staff criminal check records are up to date.

The Assessment Team observed staff interacting with consumers respectfully and in a kind and caring manner.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers advised they considered the service is well run and they can provide feedback and suggestions to management through multiple forums available at the service and through other feedback mechanisms. Management described various ways consumers are supported to be engaged in the development, delivery and evaluation of care and services. For example, the service conducts quarterly consumer and representative meetings, quarterly food focus meetings, annual and as-required surveys and provides feedback forms to engage consumers and obtain feedback. The organisation also runs an annual ‘road show’ in which the organisation’s Chief Executive Officer and Board Chair attend site to meet with consumers and gauge their feedback on cares and services.

the organisation’s governance framework includes a leadership structure with the governing body (the Board) holding overall accountability for quality and safety. There are various committees that focus and report on clinical and operational risks, and report to the Board. The Board uses this information to identify the service’s compliance with the Aged Care Quality Standards, to enhance performance and mitigate risks, and to monitor and take accountability for care and service delivery. The organisation also conducts periodic audits on the service to identify any opportunities to improve the safety and quality of care and services to consumers.

There are effective systems and processes to support the governance of the organisation including in relation to information management, feedback and complaints, financial governance, workforce management, regulatory compliance and continuous improvement. Management advised opportunities for improvement are identified through a range of sources including consumer and representative feedback, audits and surveys, clinical indicator trends and critical incident data. The service has a plan for continuous improvement that is reviewed by the Quality Care and Governance Committee.

The organisation has policies describing how to manage high impact and high prevalence risks; respond to abuse and neglect; support consumer choice and decision-making; and report and manage incidents. Staff were aware of these policies and able to describe what they meant for them in a practical way. Management advised all incidents are recorded within the service’s electronic care management system and investigated by management with actions to prevent a recurrence implemented where appropriate. Requirements relating to the Serious Incident Response Scheme are met and are monitored by relevant staff within the organisation.

The organisation implements a documented clinical governance framework that includes policies in relation to antimicrobial stewardship, restrictive practices and open disclosure. Management described the clinical governance framework in place to ensure safe and quality care to consumers, including reporting processes, monitoring systems, the analysis of clinical indicators, and staff training. The Care Manager is responsible for the oversight of the application of the clinical governance framework with additional monitoring and oversight provided by the Business Manager, Executive General Manager and the organisation’s Quality Compliance Team.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)