Performance

Report

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| Name: | IRT William Beach Gardens |
| Commission ID: | 0406 |
| Address: | 286 Kanahooka Road, KANAHOOKA, New South Wales, 2530 |
| Activity type: | Site Audit |
| Activity date: | 30 August 2023 to 1 September 2023 |
| Performance report date: | 13 October 2023 |
| Service included in this assessment: | Provider: 835 Illawarra Retirement Trust  Service: 422 IRT William Beach Gardens |

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 William Beach Gardens (**the service**) has been prepared by Katherine Richards, 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 Performance Report dated 4 August 2021 following a Site Audit undertaken from 21 June 2021 to 25 June 2021.

The provider did not submit a response to the Assessment Team’s report.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers are always treated with respect and dignity. Staff said they take time to get to know consumers and show respect through listening to and meeting preferences. Interactions between staff and consumers were observed to be caring and respectful.

Staff demonstrated understanding of cultural needs and preferences of consumers, describing how this influenced care. Care planning documentation included information of consumers’ backgrounds and needs in line with consumer feedback. Days of cultural significance were recognised within planned activities.

Consumers described supports to maintain relationships with friends and family, and said they were encouraged to make decisions about the care and services they receive. Staff described how they supported consumers with communication difficulties communicate their decisions. Care planning documentation reflected consumer decisions in line with feedback.

Staff provided examples of how they support consumers to live their best life, including when this involved taking risks. Care plans identified any risks consumers wished to take, with supports identified through a dignity of risk assessment and informed consent process.

Consumers stated they access sufficient information to make informed decisions through published information and verbal updates. Staff described providing updates through flyers, calendars, meetings, and verbal reminders.

Consumers were satisfied staff respect privacy. Staff described how consumer privacy was respected and confidentiality maintained. The service’s Privacy policy outlines how consumer information is to be handled, and who it may be shared with.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff described how assessment and planning processes were used to identify risks to consumer safety, health, and well-being. Care planning documentation included comprehensive assessment processes to identify consumer needs, trigger referrals, and inform staff of care strategies. Education on care planning and assessment requirements was undertaken by staff.

Staff described how assessments were used to capture and update consumer needs, goals, and preferences, with clinical staff explaining how they raised discussion on advance care plans and end of life wishes on admission or when needs changed. Care planning documentation incorporated advance care directives and end of life wishes for most consumers. Needs, goals, and preferences were reflected in care and services plans in line with consumer and representative feedback.

Consumers and representatives explained their ongoing involvement in assessment and planning. Staff explained how they involve consumers, representatives, and other providers in assessment and planning. Care documentation detailed consultations with consumers and representatives, incorporating outcomes into care and services plans. Involvement of Medical officers, Allied health professionals, and specialist providers was evident in documentation within consumer care files.

Consumers and representatives said they were familiar with information within the care and services plan and can access a written copy if they wish. Staff said they can access care planning information when needed and described ensuring communication of changes with consumers and representatives. Care planning documents were observed to be readily accessible to staff, including visiting providers, and the service informed consumers and representatives of the process to obtain a copy of the care plan through displayed posters and consumer meetings.

Care and services are reviewed every 3 months or with change of circumstance or incident, evidenced through care planning documentation, consumer and representative interviews, and staff explanations. Staff said care and service reviews occur with input from the consumer and/or representatives, care and clinical staff, and other providers involved in care, such as Allied health professionals. Policies and procedures guide on review processes and monitoring of effectiveness of implemented strategies.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

The Service was found non-compliant in Standard 3 in relation to Requirement 3(3)(a), Requirement 3(3)(b) following a site audit 21 June 2021 to 25 June 2021. Evidence in the site audit report dated 30 August 2023 to 1 September 2023 supports that the Service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers and representatives said consumers received the care they needed. Staff demonstrated knowledge of best practice clinical care and described how they managed pain, restrictive practices, and wound care. Care planning documentation reflected consumers received individualised care that was safe, effective, and tailored to specific needs and preferences. Policies, procedures, guidelines, and training were in place to support staff practice.

Management and staff identified high-impact, high-prevalence risks associated with the care of consumers, such as falls, weight loss, wounds, and behaviour management with high-risk consumers added to the high-risk case management list for increased monitoring by senior clinical staff. Documentation included processes for management of high impact or high prevalence risks, identifying key risks within care planning documentation and mitigating strategies. Consumers and representatives were satisfied with management of risks associated with care and services.

Staff described how care is adjusted to support the needs and preferences of consumers entering palliative and end-of-life care, including increased observations for comfort, personal care, and pain management, and providing emotional support to the consumer and their family. Guidance is available through policies and procedures, and staff received regular training on palliative care, with a recent education session focusing on meeting cultural diversity needs within end-of-life care.

Care staff said familiarity with consumers aids in early identification of changes that may indicate deterioration, and they commence a ‘stop and watch’ process when needed, triggering clinical review and further referrals if required. Management said staff were proactive at identifying, reporting, managing, and escalating deterioration in consumer condition, including clinical and cognitive changes, with consumers added to high-risk case management lists for increased oversight.

Consumers and representatives were satisfied with sharing of information regarding consumer condition, needs, and preferences, demonstrated through provision of consistent care. Staff described how information is shared through progress notes and handover processes, and management also described importance of walk-through rounds and clinical leadership meetings in maintaining understanding of consumers condition and needs.

Consumers and representatives were satisfied with appropriate and timely referrals to health professionals, including Allied health staff and specialists. Staff described referral processes, with oversight from senior clinical staff to ensure the referral is made and accepted with timely response.

Consumers and representatives expressed satisfaction with infection control measures to prevent infectious outbreak. Staff could describe infection control practices, such as hand washing, use of personal protective equipment (PPE), and use of outbreak management plans when required. Following an identified increase in urinary tract infections, an education program was implemented on preventative measures, and staff could describe practices to promote appropriate antibiotic prescribing and use. The service’s Infection prevention and control lead monitors infections, antibiotic use, availability of PPE, and training.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said services and support met their needs, goals, and preferences, describing how activities kept them active and enhanced their quality of life. Lifestyle staff explained how assessment and planning was used to connect consumers with activities to meet consumer physical and social needs, maintain independence, and support emotional well-being.

Consumers were satisfied staff understood their emotional, spiritual, and psychological needs, and were able to access extra support if required. Care plans included information on spiritual beliefs and preferences, and guidance on provision of emotional support. Lifestyle staff described scheduling of regular religious services, and volunteers available for additional support if required, with additional time allocated for consumers who isolate or do not have regular social connections. Staff said they are aware when consumers are feeling low and can engage the service’s Psychologist for additional consumer support.

Consumers said they felt supported to participate in the community and do things they wanted, including maintaining social and personal relationships. Staff said consumers are encouraged to continue to do things they enjoy, and participate in arranged activities, with lifestyle staff describing engagement within the community intergenerational program with local kindergarten, primary, and high schools. Care planning documentation captured consumer interests and supportive actions.

Consumers stated staff were well informed of their needs and preferences. Staff described how they are kept updated through care planning documentation and communication channels, for example, dietary changes are communicated to the kitchen through verbal and electronic notifications and written on a whiteboard in the servery. Where there are shared care processes, individual handovers occur at commencement and conclusion of scheduled visits.

The service has identified individuals, organisations, and providers who can deliver services and supports to meet consumer choices, with consumers saying they enjoyed the additional supports available. Lifestyle staff described how they worked with external organisations to ensure consumers were connected to suitable services and supports.

Consumers and representatives were satisfied with most meals provided, and when dissatisfied with meals they provided feedback to staff and through focus groups. The rotating seasonal menu has been reviewed by a Dietitian, providing choices at lunch and dinner, with snacks available outside mealtimes. Kitchen staff described how they worked with consumers who were not happy with meal choices to tailor meals to their taste.

Care and lifestyle staff said they had sufficient access to clean equipment, with consumers describing satisfaction with the condition and safety. Maintenance records demonstrated preventative maintenance was undertaken in line with schedules. Lifestyle staff said they undertake regular inventory of activity equipment to ensure it is safe, in good condition, and in ample supply with cleaning processes for shared equipment.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers explained how they felt at home within the service, working with the service to personalise their space to optimise the sense of belonging. Management described actions to create a welcoming environment, setting up cottage style residences with front doors, welcoming entryways, and communal dining, lounge, and garden areas. Additional features within the dementia support unit were included to support consumer wayfinding.

Consumers and representatives said they found the service environment safe and well-maintained and could safely move around. Cleaning and maintenance staff described processes implemented to ensure the environment remains clean and safe, with staff able to communicate requests for additional cleaning or repair needs. Consumers were observed moving freely around inside and outside areas, interacting with visitors and other consumers.

Consumers said equipment and furniture are clean, safe, and repaired quickly if needed. Staff explained processes for cleaning equipment, ensuring equipment is safe, and reporting maintenance concerns. Furniture and fittings were observed to be clean and well-maintained, and equipment documentation demonstrated maintenance was up to date.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they were confident to raise concerns and provide feedback, adding management were patient and willing to listen. Management described several methods for feedback including written feedback forms, verbal feedback to staff, within consumer meetings or by using the organisation’s centralised complaint team. Feedback boxes and forms were observed to be readily available, with displayed posters encouraging feedback from consumers, visitors, and staff.

Consumers and representatives explained they were informed of advocacy and interpreter services available, along with external methods to lodge complaints. Staff said they were aware of accessible language services if required. Consumer information packs included information about available supports, with posters relating to advocacy services and the Commission observed on noticeboards.

Processes to manage and respond to complaints were described by consumers and representatives as effective. Staff and management explained their responsibilities in response to complaints, including using an open disclosure process and escalating to management. Management advised open disclosure training is encouraged, rather than compulsory, with most staff choosing to enrol. Responsibilities, including ensuring transparency of processes, were outlined in the Open disclosure policy.

Consumers and representatives gave examples of positive changes made in response to feedback. Staff described how feedback changed practices, including improving consultation processes, with management saying they will action any feedback that leads to betterment of consumer experience. A complaints log includes all feedback to demonstrate follow up and identify recurrences or trends.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

The Service was found non-compliant in Standard 7 in relation to Requirement 7(3)(a) following a site audit 21 June 2021 to 25 June 2021. Evidence in the site audit report dated 30 August 2023 to 1 September 2023 supports that the Service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers reported there are enough staff to meet their care needs, and call bell response times are timely. Staff described sufficient staffing levels and coverage available for unplanned leave. Management detailed processes to adequate staffing to meet changing consumer needs, seeking feedback from staff and consumers to ensure sufficiency. Roster schedules demonstrated adequate level and mix of staff, with unplanned leave able to be covered.

Consumers were satisfied staff were kind and caring, with staff able to explain how they ensure interactions meet expectations.

Consumers and representatives said staff were capable, competent, and knowledgeable. Management described how they determined staff were competent, including through recruitment, onboarding, and ongoing training processes. Documentation demonstrated staff held appropriate qualifications and credentials to perform their role with training records demonstrating ongoing competency assessments had been completed.

Management explained training processes to ensure staff were equipped and supported to deliver outcomes required within the Quality Standards. Staff were satisfied they received the training they required but could access more if they wanted. Management explained staff undertook mandatory training throughout the year, with modules created in line with each of the Quality Standards, and staff needs identified through feedback, performance reviews, and requests. Training records demonstrated staff undertook training on the Quality Standards and expectations and responsibilities relating to the delivery of safe consumer care.

Management and staff described performance monitoring processes through annual appraisals, including self-assessment and feedback with their direct line manager. Staff records demonstrated regular review of performance through supervision and appraisal processes. Responsive actions are taken if staff make mistakes or require additional training.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers described the service as well-run, and said they provided input on care and services. Management described engagement pathways for consumers including feedback pathways, surveys, consumer meetings, case conferences and visits from the executive team. Consumer meeting minutes recorded discussion of regulatory changes, provided services, survey results, and opportunities for feedback.

Management described how the governing body is informed of service performance and has input into how it is managed. Key performance indicators, including incidents, clinical trends, risks, audits, and feedback, is passed to the executive team to inform the Board, and management advised the Board investigates areas the service is not meeting expectations, providing focused support to drive improvement. Care governance meeting minutes and Regional performance review meeting minutes showed monitoring of compliance with Quality Standards, with accountability for regulatory updates, training, and continuous improvement.

The service was able to demonstrate that it has appropriate governance systems in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, oversight of regulatory compliance and feedback management. For example, changes to legislative and regulatory requirements and aged care law are monitored and managed at an executive level and communicated with management and staff.

Staff were aware of their responsibility to respond to and report incidents or suspected abuse or neglect, including obligations to report to the Serious Incident Response Scheme. Management described how they identified high impact risks for consumers, and monitoring and management processes. The service had effective systems in place to manage risk, identify abuse and neglect, and manage and prevent incidents through use of an incident management system.

An effective clinical governance framework included policies, procedures, and practices, was observed to be in place. Staff were aware of their roles, escalation pathways, and best practice principles. Oversight of clinical care and practices was undertaken within Clinical leadership meetings. The service has a documented Clinical governance framework to inform roles and responsibilities.

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)