Performance

Report

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| Name of service: | IRT Woodlands |
| Service address: | 22 Lacebark Street Meridan Plains QLD 4551 |
| Commission ID: | 5408 |
| Approved provider: | Illawarra Retirement Trust |
| Activity type: | Site Audit |
| Activity date: | 14 November 2022 to 16 November 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 Woodlands (**the service**) has been prepared by Dee Kemsley, 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
* 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 | **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 reported they felt safe, were treated with dignity and respect by staff, and their culture and diversity were valued. Documentation evidenced consumers’ personal and cultural preferences were recorded in person-centred care and lifestyle plans. Leisure and care staff understood and valued consumer’s diverse cultures, beliefs, and individuality. Staff were able to describe backgrounds and preferences of the consumers and arranged activities to suit their needs.

Consumers said they were engaged to exercise choice, maintain their independence and were supported to continue relationships with who they chose. Management explained how consumers and their representatives were supported to make decisions about the care and services consumers received, and who participated in that decision making; each consumer was provided the opportunity to meet for a case conference three monthly, where current and changing care needs were discussed.

Consumers described ways in which they were supported to continue to live the life they chose and do the things that were important to them. Staff explained how each consumer was supported to understand the benefits and possible harm, when making decisions about participating in activities involving risks. The servive’s dignity of risk policy outlined how consumers were assisted to manage and understand possible risks in their choices while maintaining their rights and dignity, and the application and measurement of risk mitigation strategies.

Consumers were satisfied with the amount and quality of information provided by the service; and felt it was timely, clear and supportive. Staff explained how the service provided consumers with information through the service newsletter, meetings, notice boards and providing schedules of planned activities and meal menus; care plans were made available to consumers and representatives who requested a copy. Noticeboards were observed throughout the facility that displayed the monthly activities calendar, the daily meal menu and reminders of allied health visits to the service.

Consumers reported their personal privacy was respected with staff taking care to maintain their dignity during the provision of cares in the privacy of consumers’ rooms, and knocking and seeking consent to enter consumer rooms. Care staff stated consumers’ care information was kept in a locked room ensuring consumer’s personal information was kept confidential. The service’s computers in each wing, which were password protected, were observed to be locked when unattended.

# 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

Overall, consumers’ expressed their satisfaction with the assessment and care planning undertaken by the service. The service demonstrated they conducted a comprehensive assessment and care planning process on consumer entry, where consumer needs, goals and preferences were identified. Consumers’ care needs were then reviewed regularly, when changes occured or a risk was identified. Clinical staff reported, and review of documentation demonstrated, the outcomes of assessments were recorded in care plans and discussed with staff, which guided them in the delivery of safe and appropriate care. Clinical guidelines, policies and procedures were further available to guide staff practice, including when incidents occured.

Consumers’ care documentation included advance care and end of life planning where applicable. Consumer representatives confirmed these were in place and the service was aware of consumers’ choices made. Management said end of life planning was discussed with consumers and representatives when the consumer wished or as consumers’ care needs change, as not all consumers were comfortable discussing this during initial consultation.

Care planning detailed consumers’ individual needs, goals and preferences and identified what was important to the consumer in terms of care delivery. Consumers said they were involved in decisions about their care and said staff personalised care delivery to meet their individual needs.

Consumers and representatives provided positive feedback on how the service worked in partnership with them. Clinical staff undertook a broad range of clinical assessments in consultation with consumers, their representatives and other health professionals involved in the consumers’ care. Consumers’ clinical records demonstrated assessment and planning included medical officers, allied health specialists, the visiting nurse practitioner, wound care specialists and mental health support providers.

Clinical staff described seeking consumer and representative input at the scheduled three monthly review process. Consumers and representatives confirmed consumers’ care and services were regularly reviewed and while not all consumers recalled sighting their care plan, they said they would be comfortable requesting a copy. Care documentation evidenced regular reviews were undertaken when circumstances changed or incidents occurred. Staff were aware of their responsibility regarding the incident reporting process, escalation of incidents and the need to report any change in consumers’ condition, needs or preferences which might prompt a re-assessment.

# 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

Consumers and representatives said consumers received the care they need and were satisfied with the management of consumers’ risks; including falls, pressure injuries and pain. Clinical staff were knowledgable of consumers’ individual personal and clinical needs and demonstrated how these were met. Behavioural support plans were in place for consumers subject to restrictive practices; these plans evidenced consumers had been assessed by a medical professional and included alternatives to be used prior to the implementation of the restrictive practice. The service had policies, procedures and tools to support the delivery of care encompassing restrictive practices, and falls, pain and pressure injury prevention and management to guide staff practice.

Consumers and representatives were satisfied that high impact or high prevalence risks were effectively managed at the service. Consumers’ care documentation described key risks to consumers and included falls, swallow deficits, behaviours and infections, such as urinary tract infections. Clinical staff advised on strategies to manage individual consumer risks that incorporated providing sensor mats, frequent visual observations, use of pressure relieving equipment, regular repositioning, therapeutic massage and provision of pain relief medication.

A consumer receiving palliative care expressed their satisfaction with the care provided; their palliative care needs were recognised and reflected in their care plan.The consumer advised staff were responsive to their needs and their pain was managed with pain relief medication. Clinical staff were on duty 24 hours per day to support and monitor care delivered to consumers nearing the end of life.

Consumers and representatives expressed their confidence in the service’s ability to recognise deterioration in consumer health, saying it would be attended to promptly. Care documentation reflected the identification of, and response to, deterioration or changes in consumers’ condition. Clinical staff explained ways they recognised and responded to deterioration in consumers’ condition, including processes to refer the consumer to the medical officer or transfer to hospital. Relevant clinical policies and guidelines to direct the provision of care provided by staff were available via the service’s shared intranet system.

Consumers said their care needs were effectively communicated between staff and they received the care they needed. Care documentation demonstrated progress notes, care plans and handover reports provided adequate information to support effective sharing of consumers’ information. Clinical staff described processes for sharing information; this included when consumers moved between the hospital and the service.

Consumers and representatives said referrals were timely, appropriate and occured when needed. Clinical documentation demonstrated consumers had access to other health professionals such as medical officers and specialists, dietitians, physiotherapists, speech pathologists and geriatricians. Referrals to health professionals outside of the service were made through electronic messages and telephone communications; referrals were followed up to ensure recommendations were recorded appropriately.

Consumers and representatives were satisfied with infection control practices at the services and how COVID-19 outbreaks experienced in June/July 2022 had been managed. Management advised all consumers and staff were encouraged to have Influenza vaccination; all staff had received the appropriate COVID-19 vaccination doses. Care and clinical staff demonstrated an understanding of how to minimise the need for, or use of antibiotics and ensured they were used appropriately. Observations identified the service followed appropriate infection minimisation practices.

# 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 advised the service lifestyle program supported their social needs, and said staff assisted them to be as independent and as safe as possible in activities of daily living. Staff explained, and documentation demonstrated, what was important to individual consumers, what they liked to do and activities they wished to participate in; this was consistent with consumers and their families feedback. The memory support unit had a dedicated lifestyle staff member each day and activities were flexible; staff advised the service was currently recruiting more volunteers in order to offer a wider selection of activities such as scheduled walks and gardening.

Consumers were comfortable raising with staff when they were feeling low, as they said staff were kind, supportive and provided extra emotional support through one-to-one conversation, or by encouraging them to attend activities they enjoyed. Staff said they knew consumers well and care plans documented information about consumers’ emotional and spiritual well-being, and how they could be supported by staff and community networks.

Consumers felt they were assisted to keep in touch with the people who were important to them. Consumers said visitors were welcomed into the service and advised they were supported to do the things they liked to do. Care documentation reflected consumers’ preference and assistance they required to participate in activities within the service and the broader community; this included information about personal relationships important to the consumer. The lifestyle manager highlighted strategies implemented to encourage ongoing community engagement that included community groups being engaged to perform events for consumers; the service has a bus which provides scenic drives in the nearby areas of interest on a weekly basis.

Consumers reported information about their daily living choices were effectively communicated and staff providing daily support understood their needs. Consumer care documentation, including progress notes and electronic alerts, provided adequate information to support effective sharing of consumers’ information. Staff said handover incorporated information about any changes in the consumer’s condition or needs; hospitality staff explained how changes to consumers’ dietary preferences were reported and initiated.

The service had documented protocols for making referrals to external individuals and providers to support the lifestyle needs of consumers. Consumers’ care planning evidenced the involvement of others in provision of lifestyle supports including music therapy, social visits, national disability insurance scheme services, pet therapy and private physiotherapy. Brochures and resources were observed to support referral to external organisations and consumers and representatives said the service makes appropriate referrals, or will make them on request.

Consumers advised meals were of a variety, quality and sufficiency for their needs. Hospitality staff explained systems for meeting dietary needs and preferences for consumers, and the menu choices available to consumers. Care documentation identified consumer dietary requirements, preferences and allergies and a dietician reviewed the service’s menu for nutritional value.

Consumers and representatives reprted the service was always clean and tidy, and consumer equipment was well maintained. Equipment to support consumers to engage in activities of daily living were observed to be suitable, clean and well maintained. The service had a scheduled preventative maintenance program and electronic maintenance logbooks for managing ad-hoc maintenance requests. Staff reported they had access to supplies and equipment they need to assist consumers, and that equipment was readily accessible.

# 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 consisted of two levels of individual rooms and private bathrooms, with a welcoming and attended reception area for visitors. The service had sufficient lighting and wide corridors with handrails for safe movement. Consumers had access to a lift to the second level, and outdoor areas were well maintained with level pathways for access with mobility aids. Consumers said they felt at home and comfortable in the service. Staff were available to assist and direct consumers as required and written signage was available to guide consumers to navigate through the service.

Consumers reported their satisfaction with the cleaning of the service environment, said they felt safe and were able to freely access internal and external areas of the service. All areas of the service were observed to be clean, well maintained and of a comfortable temperature. The service’s preventative maintenance program identified work to be completed at scheduled times of the year, and arranged environmental audits were completed and included inspection of sampled consumer rooms monthly and regular audits of other areas of the service, such as the laundry, pan rooms and outdoor areas.

Consumers and representatives advised, and observations confirmed, furniture, fittings and equipment provided are kept clean, well maintained and suitable for purpose. Staff described hygiene processes used for equipment shared between consumers; staff said equipment available for consumers was kept in good working order with the maintenance team being responsive to any requests for repairs. Hospitality staff described tasks within duty lists that addressed cleaning to be undertaken in relation to furniture, fittings and equipment. Equipment was observed to be stored appropriately in allocated storage rooms.

# 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 felt comfortable raising concerns or providing feedback either by verbally advising staff or by completing feedback forms. Management described the different avenues for consumers to provide feedback, suggestions, compliments or complaints, which was in accordance with the service’s policy and procedures. While consumers meetings had not been held since March 2022 due to Covid-19 restrictions, consumer meetings were scheduled to recommence in December 2022. Feedback forms and boxes were observed to be located adjacent to the elevators on both floors and in the coffee shop.

Consumers advised they were informed about access to advocacy services and support for external complaints handling, through the consumer handbook. Management and clinical staff were aware of how to access advocacy and interpreter services for consumers. Information on advocacy and external complaints services was further observed to be available at reception and on noticeboards throughout the service.

Consumers and representatives said the service responded to their feedback and complaints appropriately, and communicated with them to discuss their concerns. Management and clinical staff demonstrated awareness of the complaint management and open disclosure process. The service’s electronic feedback system recorded the description of issues raised and the action taken, and evidenced complaints were addressed and closed in a timely manner. The service’s policy and procedures guided staff in effectively managing complaints, using open disclosure and providing an apology when things went wrong.

Consumers and representatives advised feedback and complaints were reviewed and used to improve the quality of care and services. Management and staff provided examples of how service improvements had been made in response to feedback. The service’s plan for continuous quality improvement register detailed changes made in response to feedback and complaints to improve care and services.

# 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

Consumers reported there were enough staff to provide safe and effective care and they received assistance when required. Staff said there were enough staff at the service, and unfilled shifts were covered by contacting staff from the workforce pool or seeking assistance from agency contractors as the need arose. Consumer call bells between 1 August 2022 and 14 November 2022 showed an average call response time of 1 minute and 46 seconds. Calls exceeding 15 minutes were identified, logged and referred to registered staff who investigated each delay.

Consumers advised staff were kind, caring, and respectful, and that they knew what was important to consumers. Staff were observed to interact with consumers in a caring and respectful manner. Staff records demonstrated staff had appropriate qualifications, knowledge and training to perform the duties of their roles. Consumers said staff were capable, experienced and well trained. Management described how they determined whether staff were competent and capable in their roles; this included recruiting qualified staff and providing ongoing supervision and training.

Management and staff said staff received adequate training and support; this encompassed orientation and mandatory training. The service’s mandatory training register evidenced staff complete training that incorporated restrictive practices, serious incident response scheme considerations, elder abuse, incident management and infection control prevention.

Management and staff described how staff performance was assessed and monitored through staff self-assessments, monitoring of annual training completion, identifying and addressing issues and through annual performance appraisals. Position descriptions were reviewed periodically and revised as required.

# 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 were supported to provide input, feedback and suggestions to management about how care and service were delivered. Management described how consumers were engaged in the development, delivery and evaluation of care and services; such as being consulted in the consumers’ assessment and care planning processes and reviews, participating in food focus meetings, providing feedback and senior staff having an open-door policy. Consumer meetings, generally held three-monthly, were set to resume in December 2022 following a hiatus due to Covid-19 restrictions.

Management demonstrated how the governing body (the Board), which comprised of community members with specialist skills, were involved in the delivery of care and services. Policies and procedures relating to risk identification and management outlined the responsibilities of the Board. The Board ensured these were being met through reporting reviews at regular Board and committee meetings; this included encouraging reporting of incidents, hazards and risks using web-based form on the corporate intranet, executive and operational reporting, analysing significant incidents, reviewing complaints and feedback trends and maintaining a continuous improvement plan.

The service demonstrated appropriate governance systems were in place in relation to information management where staff have access to up-to-date information, workforce governance and feedback and complaints; management identified opportunites for continuous improvement and demonstrated how they sought changes to budget expenditure and how they monitored compliance against legislation and regulatory requirements.

Management and staff described high impact risks to consumers and how they were identified. Staff could explain processes for managing and minimising risks and incidents, including the prevention of abuse, harm and neglect of consumers. The service evidenced various registers and relevant policies and procedures relating to documenting, managing, minimising and monitoring consumers’ risks and incidents.

The service clinical governance framework was provided in the form of a suite of policies including the organisation’s comprehensive care policy dated 1 June 2022; and policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. The infection prevention control lead outlined the service’s outbreak management plan including improvements implemented following a recent COVID-19 outbreak. Staff demonstrated an understanding of their accountabilities and responsibilities under clinical governance framework, and what the policy meant to them in a practical way in relation to antimicrobial stewardship, the use of restrictive practices and open disclosure.

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)