Performance

Report

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| Name of service: | Performance report date: |
| John Edmondson VC Gardens | 15 September 2022 |
| Commission ID: | Activity type: |
| 1039 | Site Audit |
| Approved provider: | Activity date: |
| RSL LifeCare Limited | 2 August 2022 to 5 August 2022 |

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 John Edmondson VC Gardens (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 | | Compliant |
| 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 their representatives said dignity and respect is shown to consumers. Consumers said the service provides an environment that makes them feel safe and respected. Staff spoke about consumers in a respectful manner, demonstrated knowledge of consumers’ life experience, and addressed consumers by their preferred name. Care planning documents reflected information relevant to consumers’ identity, cultural needs and preferences. The service honours consumers’ culture through celebrating days of cultural significance and supporting consumers to decorate their rooms.

Consumers are supported to exercise choice and independence for their care, who should be involved, and to maintain relationships of significance to them. Care planning documents list consumers’ preferences and important relationships. Staff assist consumers to make choices and maintain contact with people important to them.

Consumers are supported to take risks which enables them to live their best lives. Staff described consumers’ chosen risks, and described how they explain benefits and harms to consumers and seek solutions to reduce risk while supporting consumers’ preferences.

Consumers said they have the information they need to make informed choices, including what they want to eat and activities they wish to attend. Staff described ways in which information is provided and how they support consumers who have difficulty communicating or are living with cognitive impairments. Consumer meetings occur and posters regarding activities and menus were displayed.

Consumers said their privacy and confidentiality is respected, and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. Staff were observed maintaining consumers’ dignity, conducting handover privately and storing consumers’ confidential information securely.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care planning occurs to identify the needs, goals, and preferences of consumers. Assessment outcomes are documented in consumers’ care plans to guide staff in the delivery of safe and effective care. Care planning documents identified any required assistance and interventions, including the management of risks. Advance care and end of life planning are included if the consumer wishes.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Consumers and their representatives were satisfied with communication regarding care planning, and said they are consulted regarding any changes.

Care plans are reviewed 3 monthly and further updates are made when consumers’ circumstances change or following incidents. Recommendations or directives from other health professionals are included.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 considered they receive safe and effective care that is tailored to their needs and optimises their health and well-being, which was reflected in care planning documents. Staff said they are guided by organisational policies and procedures to direct care that is best practice. Restrictive practices are managed in line with legislative requirements. Skin integrity and pain management care are effectively delivered.

Care planning documents identified high impact and high prevalence risks were overall managed effectively. Staff described risks relevant to individual consumers.

Care planning documents for consumers who were nearing end of life showed their needs, goals and preferences are recognised, and their comfort maximised. Staff are guided by policies and procedures that direct end of life care.

Care planning documents reflected the identification of, response to, deterioration or changes in consumers’ condition and health status. Staff receive information through shift handover, progress notes, scheduled reviews, incident reports, clinical charts, and feedback from the consumers. This information may lead to further care review or referral to other health professionals or services.

Information about consumers’ condition, needs and preferences are documented and communicated, as reflected in care planning documents and feedback from consumers and representatives. Staff notify consumers, representatives, medical officers and other services as relevant regarding changes.

Consumers and their representatives said referrals to other health professionals are timely and occur when needed. Staff described the process to refer clinical matters to other providers and how this informs delivery of care and services.

Staff receive training in infection control, and described how they apply relevant practices, including ensuring appropriate use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 were satisfied with services and supports for daily living, that maintain their independence, well-being, and quality of life. Staff are familiar with consumers’ needs and preferred activities, and described how activities are tailored to suit consumers. Care plans reflected consumers’ choices and preferences.

Services and supports are provided to promote consumers’ emotional and spiritual wellbeing. Consumers considered they are engaged in meaningful activities and receive relevant supports. Care planning documents recorded consumers’ individual emotional support strategies and how these are to be implemented by staff.

Consumers said they are supported to participate in activities within the service and the outside community as they choose. They said they enjoy the outings coordinated by the service, and have input into the locations. The service supports consumers to maintain their relationships, including consumers who are relatives.

Consumers considered information is adequately communicated between staff. Staff described how communication of consumers’ dietary and daily living needs and preferences occurs via care planning documents and shift handover.

Referrals to other providers, such as religious services, volunteers, and entertainers occur based on consumers’ needs.

Most consumers were satisfied with the variety, quality, and quantity of food. The service has made several changes regarding food and catering following feedback to improve the dining experience.

Equipment for daily living and lifestyle supports are safe, suitable, clean and well maintained. Consumers and staff said they have access to equipment to assist consumers with their daily living activities, and consumers said they felt safe when using equipment.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

Consumers said the service is warm and welcoming, and they find signage easy to understand. Consumers’ rooms are personalised. The service’s design supports consumers to move around and enjoy different areas, including initiatives for consumers residing in the secure living environment.

The service was observed to be safe, clean, and well-maintained. Communal areas and outdoor spaces were tidy and support consumers to move freely. Regular cleaning occurs.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable for the use and needs of the consumers. Regular maintenance is completed according to a schedule, or in response to reports raised by staff. Staff were familiar with maintenance request processes and said issues are rectified in a timely manner. Equipment and chemicals were stored safely and appropriately.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 their representatives are encouraged to provide feedback through feedback forms, meetings and consumer surveys. Staff described how they support consumers to give feedback and make complaints, including if consumers have communication barriers. Information about advocacy is displayed and included in the consumer handbook.

Staff demonstrated an understanding of open disclosure and described providing an apology to the consumer for their experience. The service implements improvement following complaints and feedback from consumers, representatives, and the workforce. The service has made several changes from consumer feedback, such as improving the dining experience and creating rest stations.

**Standard 7**

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| Human resources | | Compliant |
| 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 and their representatives considered staffing levels were adequate. They said staff are kind, caring, and respectful of consumers’ identity. Staff considered there are generally sufficient staff to enable delivery of safe and quality care. Call bell records reflected staff respond promptly. Rostering is informed by consumers’ care needs, call bell data and consumer and staff feedback.

Consumers and their representatives considered staff were well trained. Management described initiatives to support staff to better deliver quality care. Some positions have qualification and registration requirements, which are monitored. Staff are supported to pursue development opportunities.

Staff described completion of mandatory training. Competency is assessed when staff commence and is regularly reviewed. Training needs are identified through analysis of incidents, clinical indicators, complaints and consumer feedback.

Staff performance is monitored through formal annual performance appraisals and competency assessments. Staff said they can request additional training and skill development.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 and their representatives said the service is run well and they are involved in and engaged with the development and delivery of their care and services. The service conducts satisfaction surveys monthly and uses feedback to inform improvements.

The service’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation monitors the service’s performance against the Quality Standards through review of regular monthly reporting and internal and external audits, and has oversight of risks and incidents.

The service has effective governance systems relating to financial and workforce governance, and regulatory compliance. The service uses effective information management systems. Continuous improvement occurs, informed by feedback and complaints.

Effective risk management systems and practices are in place to identify and manage risks to the safety and wellbeing of consumers. The service has policies in relation to identifying and responding to abuse and neglect of consumers, managing and preventing incidents, and supporting consumers to live the best life they can. Staff received training in these areas, and the service’s records show risks are effectively managed and incidents are reported.

The service has a clinical governance framework that included policies promoting antimicrobial stewardship, minimising use of restrictive practices and using open disclosure. Staff provided examples of how they applied the policies to their work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)