Performance

Report

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| Name of service: | Kerrisdale Gardens |
| Service address: | 35 Norwood Parade Beaconsfield QLD 4740 |
| Commission ID: | 5383 |
| Approved provider: | Good Shepherd Lodge Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 8 November 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 Kerrisdale Gardens (**the service**) has been considered by G. Hope-Simpson, 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, dated 11 October 2022 to 13 October 2022; 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 and representatives said staff respected consumers’ individual needs and choices. Staff were knowledgeable of consumers’ backgrounds and life experiences and were observed treating consumers with dignity and respect. Consumers’ care plans included cultural backgrounds, personal preferences, and religious and spiritual needs.

Consumers said staff deliver care and services with understanding of their needs and preferences, ensuring they feel respected and safe. Staff knew sampled consumers’ needs, preferences, cultural values, and support strategies. The service has a procedure which details how consumer care, lifestyle, dietary customs, emotional support, and participation is to be delivered by staff. Care plans documented sampled consumers’ histories, cultural identities and requirements.

Consumers said they were supported to exercise choice, independence and maintain relationships of choice. Staff described strategies for supporting consumers to exercise choice and independence including offering choices regarding times for getting out of bed and showering, food, and choice of clothing.

Consumers said they were supported to take risks to enhance their quality of life. Staff were aware of the risks taken by consumers and confirmed they support consumers to live the life they choose. Risk assessment and dignity of risk forms were completed and signed by the medical officer and consumer and reviewed in line with the service’s risk management policies and procedure to provide informed consent.

Consumers and representatives said the service provided information to assist them in decision-making about care and lifestyle choices. Staff described how they provide accessible and easily understood information to consumers, including those with communication barriers.

The service shares information with consumers and representatives via meetings, newsletters, posters, e-mails, and telephone.

Consumers said their privacy was respected by staff, who knocked on their doors and gained consent prior to entering. Staff described strategies for ensuring confidentiality while providing care and accessing sensitive information. Electronic and hard copy documents were protected to ensure confidentiality of consumer information, consistent with policies and procedures.

# 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 described how they are involved in the assessment and planning process and staff confirmed consumers and representatives are consulted to identify risks to the consumer’s health and well-being. Care planning documents included involvement from medical officers (MOs) and other allied health professionals which supported effective assessment and care planning to identify the needs, goals, and preferences of consumers.

Consumers said they are confident staff are managing their care effectively. Staff described the assessment and planning process and how they include consumers in it. Care and services plans are updated regularly and show integrated and coordinated assessment and planning involving relevant organisations, individuals, and service providers. The service’s policies and procedures contain guidance for staff on end of life (EOL) care and consumers sampled had either an advance care directive (ACD) or a statement of choice stored in the electronic care management system (ECMS).

Staff said that the care and services plans are accurate, reflect the outcomes of the most up-to-date assessments of consumer needs, goals, or preferences and they contain enough detail to deliver appropriate and correct care and services for the consumer.

Registered and care staff explained the process of conducting assessments and developing care and services plan on the care management system. Staff said that the care and services plans are accurate, reflect the outcomes of the most up-to-date assessments and reviews of consumer needs, goals, or preferences and contain enough detail to deliver appropriate and correct care and services for the consumer.

Sampled care plans showed the service reviews care plans as scheduled and in response to incidents and changes in consumer condition. While consumers and representatives interviewed did not specify the frequency of care plans reviews, all considered staff regularly review consumer health, wellbeing and needs and update them accordingly.

# 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 considered they received personal and clinical care that was safe and right for them. Staff described how risks for each consumer, including life choices and mobility choices, are identified and managed. Care planning documents confirmed staff delivered individualised care that was tailored to consumers’ specific needs and staff described the service’s clinical governance framework which guided them in their roles.

Care planning documents demonstrated how high impact and high prevalence risks are identified and effectively managed. The service has effective policies and procedures in place to mitigate harm due to pressure injuries, falls, nutrition, and restrictive practice.

Consumers say that they feel confident the organisation will support them to be free from pain, to have those important to them with them and to pass away in line with their social, cultural, and religious preferences. The needs, goals and preferences of consumers nearing EOL were recognised and addressed in a timely manner, which was evident in consumers’ care plans.

Consumers said they are confident staff will identify changes in their condition and respond appropriately. Staff described how they identify signs of deterioration and make changes to care delivery. Consumers and representatives were satisfied with ease of access to MOs and other allied health professionals, and these referrals were documented in consumer files. The service has a referral process in place and staff described how consumers were referred to other providers for care and services.

Consumers confirmed staff understood their needs and preferences and representatives said consumers’ needs are communicated between staff. Information about consumers’ conditions, needs and preferences were documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers’ documents showed progress notes, care plans and handover reports which staff used when delivering care.

Consumers said they are assessed daily by staff for symptoms of COVID-19 and other respiratory conditions. Staff were observed using safe hand hygiene practices and demonstrated an understanding of how to minimise use of antibiotics. The service trains staff in infection control and antimicrobial stewardship and had appointed an Infection Prevention and Control (IPC) lead. The service evidenced 100% compliance with staff and consumer vaccination requirements.

# 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 were satisfied the service supports their individual needs, goals, and preferences. Staff demonstrated knowledge of consumers’ needs and what was important to them and were able to describe how they work with consumers to maintain good quality of life. Care planning documents showed consumers receive services aligned to their needs and preferences in a way that optimised independence.

Consumers could describe how they connected with family and engaged in meaningful activities that were satisfying to them. Staff advised they support consumers to do things they enjoy. Sampled care plans accurately documented consumer interests and preferences. The activity calendar included weekly church services and social groups, to support and enhance consumer well-being.

Consumers and representatives sampled said consumers are supported to participate within and outside the service, stay connected with people who are important to them and do things of interest to them. Staff described how they support consumers to participate in the community or engage in activities of interest. Care planning documents demonstrated consumers have regular involvement in the community, maintain important personal relationships, and are involved in activities of interest outside the service.

Consumers confirmed they are provided services that are consistent with their care needs and said staff are aware of their individual needs and preferences. Staff advised that information, changes, and other needs are shared internally at handovers, and are recorded on the ECMS. Care plans and progress notes were kept in an ECMS, along with assessments made by health professionals. The Assessment Team observed entries in the care management system made by MOs and allied health professionals.

Consumers said the organisation has promptly referred them to appropriate individuals, organisations, and providers to meet their changing daily living and lifestyle needs. Staff could describe how consumers are actively involved in referrals and how consent is obtained. The service evidenced they have established links with individuals, organisations and providers, including a hairdresser and religious personnel, to ensure consumers have access to a range of services and supports.

Most consumers said meals were of suitable quality and quantity. However, 4 of nineteen sampled consumers commented on lack of variety in meals. The remaining consumers provided positive feedback and confirmed they are provided alternative meals when requested. Staff knew sampled consumers’ nutrition and hydration needs and preferences, as well as support they required at meal times. The service has processes to plan and deliver nutrition and hydration in line with consumers’ needs and preferences and consumers are consulted in developing menus. Observation of the consumer dining experience showed that it was comfortable, unrushed and consumers who needed assistance were receiving it in a dignified and timely manner.

Consumers said that they feel safe when they are using the equipment and they know how to report any concerns. Equipment used by consumers was seen to be suitable, clean, well maintained, and fit for purpose. Staff confirmed equipment was available when required and when a need for new equipment was identified, funds were provided to do so.

# 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

Consumers said the service is easy to navigate and they can personalise their rooms, including bringing in furniture and possessions of choice. Staff described how consumers are supported to make the facility feel like home, and how they support consumers to maintain independence and individuality. The service environment was welcoming and easy to navigate and optimised each consumer’s sense of belonging and independence.

Consumers and representatives said the service is cleaned regularly and maintenance is done quickly to ensure the service environment is well-maintained. Hotel services and maintenance staff evidenced schedules for regular cleaning and maintenance. The service environment was observed to be safe, clean, well maintained, comfortable, and enabled consumers to move freely both indoors and outdoors.

Consumers and staff confirmed equipment was clean, safe, and readily available. Staff said they have access to sufficient, well-maintained equipment needed for consumer care. Staff were observed cleaning equipment between use and checking for damage or issues before using equipment. The service provided evidence of undertaking both scheduled cleaning and reactive and preventive maintenance at the service.

# 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 were encouraged and supported to provide feedback and make complaints, anonymously if preferred, and appropriate action was generally taken by management. Staff said they supported consumers to give feedback and make complaints, including through feedback forms, consumer meetings, emails, consumer satisfaction surveys, or speaking to staff or management directly. Review of the consumer and representative meeting minutes confirmed consumers are encouraged to raise issues of concern.

Consumers said they were provided information about advocacy and language services and were aware of how to make a complaint through various avenues. Staff confirmed the service provides information about advocacy, language services, and external complaints pathways and described assisting consumers with communication barriers to provide feedback. Observations during site audit showed brochures, forms and posters about advocates, language services and external supports.

Consumers and representatives said when concerns were raised with management they were promptly addressed, following which an apology was provided if something went wrong. Staff had shared understanding of open disclosure and confirmed that if consumers or representatives raised an issue with them directly, they would escalate this for investigation and follow-up. The service’s feedback log confirmed these processes and showed generally timely response to complaints.

Management advised they seek feedback from consumers and representatives about care and service delivery and ensure this informs the plan for continuous improvement (PCI). Review of minutes from monthly consumer meetings showed a standing agenda including suggestions, complaints, feedback, and consumer input into menus and lifestyle activities.

# 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

Most consumers said they receive quality care and services when they need them. Staff said they are busy and many work overtime, but they were all satisfied they can complete cares for the consumers. The average call bell wait time was under three minutes and the service’s roster demonstrated that the organisation ensures there are enough staff to provide continuous safe and quality care.

Consumers and representatives said staff were kind and caring and respected their individuality, identity, culture, and diversity. Staff confirmed they had received training on consumer-focussed service. Care delivery was observed to be consumer centric, professional, and caring.

Consumers and representatives said quality care and services were provided to consumers from people who were knowledgeable, capable and caring. Staff reported they receive the training and supervision they need to do their job well. Records indicate that recruitment, selection, and onboarding is rigorous, and systems are in place to ensure staff are qualified and remain skilled for their role.

Staff are supported with mandatory online learning and orientation prior to commencing duties for the first time. Training records were reviewed by the Assessment Team and showed all staff had completed mandatory training, and the vast majority were up to date with mandated refresher training. Policies and procedures were in place to ensure necessary probity checks are completed and staff receive the training they require.

Consumers said they are asked to provide feedback on care and service delivery and management advised this information is used to assist with performance appraisals. Staff described the performance appraisal process and how it is used to support development, the performance of staff is regularly reviewed, goals are set by staff and action is taken in response to staff performance. Management evidenced an up to date performance appraisal schedule.

# 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 and representatives considered the organisation was run well and felt they were partners in improving the delivery of care and services. Staff outlined the ways consumers participated in the development, delivery, and evaluation of services, including monthly consumer meetings, feedback, consumer satisfaction surveys and speaking directly with staff. Documentation review showed consumers are meaningfully engaged in evaluation of services through avenues such as consumer meetings and care plan reviews.

Consumers said care delivery is both safe and supportive of their needs and goals. The organisation evidenced policies and procedures which promote a culture of safe, inclusive, and quality care and services. The service has a Cultural Diversity and Inclusion Action Plan which describes the priorities and strategic directions for inclusive care and is endorsed by the board. The Assessment Team reviewed a variety of reports in relation to clinical data and analysis, feedback and complaints resolution, and risk incident evaluation, which management and the Board analyse to provide a culture of safe and inclusive care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff and consumers interviewed said they feel safe, supported and they look out for each other as a community. Policies and procedures are in place to protect consumers, and staff and consumers are trained to identify, respond, and prevent incidents of abuse and neglect. The service analyses high risk data and evidenced actions taken to prevent further incidents. Data is analysed by the Clinical and Care Advisory Group, and a Clinical Practice Improvement Committee to inform best practice in the service.

Staff said they are aware of the principles of antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The service demonstrated a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint and open disclosure, and these were available to staff on the ECMS.

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)