Performance

Report

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| Name of service: | Patrick Bugden VC Gardens |
| Service address: | 184 Broken Head Road SUFFOLK PARK NSW 2481 |
| Commission ID: | 2707 |
| Approved provider: | RSL LifeCare Limited |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 12 March 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 Patrick Bugden VC Gardens (**the service**) has been prepared 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 31 January 2023 to 2 February 2023; 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 they are treated with dignity and respect. Staff were able to identify consumers from a culturally diverse background and provided information about their care which aligned with care plans.

Consumers and representatives said the service recognises and respects their cultural background and provides care that is consistent with their cultural traditions and preferences. Staff demonstrated an awareness of consumers’ diverse cultural needs and this information aligned with care plans.

Consumers and representatives said they are given choice about their care and services and are supported to maintain relationships. Staff confirmed the service supports consumer choice and independence. Care planning documents identified how the service supports consumers to maintain relationships.

Consumers said the service respects their choices to engage in activities involving risk. Staff could describe how the service has supported consumers to make informed choices that involve risks. Care planning documents showed staff complete risk assessments, including discussions with consumers and their representatives.

Consumers and representatives said they are kept updated by management on any changes at the service. Consumers confirmed the service communicates through printed information, verbal reminders, consumer meetings, and email correspondence. Staff described different ways information is communicated by the service. The Assessment Team observed information being provided in a clear way that supports informed decision making.

Consumers and representatives said consumers’ privacy and dignity is respected by staff. Staff could describe the practical ways they respect the personal privacy of consumers at the service. The service has policies and procedures in place to ensure consumer privacy is protected.

# Standard 2

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

Findings

Consumers and representatives said they are involved in the care planning process. Staff and management described the assessment and care planning process, and how it informs the delivery of care and services. Care planning documents detailed individual consumer risks and were tailored to individual needs.

Consumers and representatives said consumers receive the care and services they need, and they are partners in the care planning process. Staff described how they approach conversations with consumers and their representatives about end of life (EOL) care and advance care planning. The service has advance care planning and EOL policies and sampled consumers had this information documented in care planning documents.

Consumers and their representatives said they participate in the review of care and services. Staff explained how they collaborate with consumers, representatives, and other providers of care to ensure quality care is provided. Care planning documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers said the service regularly communicates with them about their care. Staff demonstrated an understanding of assessment and planning and advised they communicate these outcomes with consumers and representatives. The service uses an electronic care management system (ECMS) that incorporates assessments, daily charting and record keeping, progress notes, and care plans.

Consumers and representatives said care and services are reviewed regularly. Care planning documents identified evidence of review on both a regular basis and when circumstances change in line with the service’s policies and procedures.

# 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 individualised care that meets their needs and preferences. Staff demonstrated they were familiar with the personal and clinical needs of consumers and described how they deliver care safely. Care planning documents evidenced care that is safe, effective, and tailored to each consumer.

Consumers and representatives said they were satisfied that high impact or high prevalence risks were effectively managed. Staff said they monitor high impact and high risk consumers at morning meetings. Care planning documents were reviewed and updated following any incidents to ensure clinical needs were managed appropriately.

Consumers and representatives confirmed staff had spoken to them about advance care planning and EOL preferences. Sampled care plans detailed advance care planning information, including choices and EOL preferences.

Consumers and representatives said they are satisfied with the delivery of care including the recognition of deterioration or changes in their condition. Staff could describe how they identify signs of deterioration and communicate this information with family and representatives. Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ conditions.

Consumers and representatives said their care needs and preferences are effectively communicated between staff. Information about the consumer’s condition, needs and preferences are documented and effectively communicated with those involved in the care of the consumer through the service’s ECMS. Care planning documents included input from MO and allied health professionals.

Consumers and representatives said they are satisfied with the delivery of care, including referral processes. Staff demonstrated an awareness of referral processes. Care documents included timely and appropriate referrals to various health professionals.

Consumers and representatives said staff follow infection control practices. Staff demonstrated an understanding of infection minimisation strategies and the appropriate use of antibiotics in line with the organisation’s policy. The Assessment Team observed staff following 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 said the service provides a range of services and supports which meet the needs of consumers. Staff could explain how services and supports are individualised for consumers. Care planning documents included strategies to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers.

Consumers said they feel connected and engaged in meaningful activities at the service. Staff were able to describe how they support the emotional, psychological, and spiritual well-being of consumers and can give examples of cultural awareness in their everyday practice. Care planning documents contained information around needs, goals, and preferences.

Consumers said they are supported to participate in activities and maintain personal relationships. Staff described how they support consumers to participate in activities of interest to them and maintain personal relationships. Care plans demonstrated that the service designs activities for daily living in consultation with consumers.

Consumers said they have consented to information being shared with others and appropriate consents are held on file. Staff were able to describe the ways they are kept informed of the changing condition, needs and preferences for each consumer. The service utilises an ECMS which is accessible by staff.

Consumers said they have access to other organisations, support services, and providers of other care and services. Staff could describe how they work with other individuals, organisations and providers of other care and services. Care planning documents identified referrals to other organisations and services.

Consumers said meals provided are a sensible serving size and of suitable quality. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service has feedback mechanisms which allow consumers to provide feedback on the performance of the kitchen. The menu is developed with consumers and is changed seasonally.

Consumers said they feel safe when they are using equipment at the service. Staff demonstrated an awareness of how to use equipment safely and ensure it is regularly cleaned. The Assessment Team observed equipment to be safe, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said that they can personalise their rooms, including bringing in furniture and possessions of choice. Staff could describe how they ensure the service environment is welcoming and supports independence. The Assessment Team observed the service was welcoming and easily accessible.

Consumers and representatives said the service was clean and well maintained. Staff were able to describe processes for cleaning and maintenance services. The Assessment Team observed consumers moving freely indoors and outdoors at the service.

Consumers said furniture and equipment is suitable and well maintained. Staff said that they have access to sufficient, well-maintained equipment needed for consumer care. The Assessment Team reviewed up to date preventative and reactive maintenance schedules.

# 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 said they felt supported to raise complaints and provide feedback. Staff could describe the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service has various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers and representatives said they were aware of making a complaint through various avenues, such as advocacy services and external complaints mechanisms. Staff were aware of how to access advocacy and interpreter services for consumers. The Assessment Team observed various written materials around the service which had information about external complaints mechanisms, advocacy services, and translation services.

Consumers and representatives said the service responds to their complaints appropriately and resolves their concerns. Staff demonstrated an understanding of open disclosure processes and complaint management processes. Review of the feedback register demonstrated the service takes appropriate and timely action in response to complaints.

Feedback from consumers and representatives was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# 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 said they had not experienced any delays in call bells and felt there were enough staff to meet their needs. A review of a recent roster demonstrated the service has sufficient staff to fill shifts to deliver safe and quality care and services.

Consumers said staff are kind, caring, and respectful. Staff could provide practical examples of how they treat consumers in a kind and respectful way. The Assessment Team observed caring and respectful interactions between staff and consumers.

Consumers and representatives said staff were well trained, capable and experienced. The Assessment Team observed all staff undertaking their roles in an efficient and organised manner. A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives said staff know what they are doing when performing their role. Staff said they received training in Quality Standards as part of the orientation provided by the service. The Assessment Team reviewed mandatory staff training records which demonstrated that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

The service has a staff performance framework which identifies appraisals are conducted annually. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills.

# 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 said they provide ongoing input into how their care and services are delivered. Management advised that all feedback or suggestions made by the consumers and representatives are included in the service’s PCI. Documentation review showed consumers are meaningfully engaged in evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management discussed how the organisation supports the service in providing care and services through regular meetings with the governing body. The governing body reviews audits and other data to ensure a culture of safe, inclusive, and quality 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 were able to describe how incidents are identified, responded to, and reported in accordance with legislation, including serious incident reporting. The service has a wide range of frameworks, policies, and procedures to support the management of risks and incidents. The service uses an ECMS to capture incidents and has a system to support the reporting, recording, and reviewing of incidents.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)