Performance

Report

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| Name: | Peter Badcoe VC House |
| Commission ID: | 0992 |
| Address: | 510 King Street, Newcastle West, New South Wales, 2300 |
| Activity type: | Site Audit |
| Activity date: | 15 November 2023 to 17 November 2023 |
| Performance report date: | 13 December 2023 |
| Service included in this assessment: | Provider: 643 RSL LifeCare Limited  Service: 27562 Peter Badcoe VC House |

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 Peter Badcoe VC House (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information held by the Commission.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

Consumers said they were treated with dignity and respect and staff knew them well. Staff described how they respected consumers, such as by introducing themselves when entering their rooms, explaining what they were doing and supporting consumers’ preferences. Staff confirmed they knew consumers’ care preferences which were recorded in care planning documents. Interactions between staff and consumers during mealtimes, activities and conversations were observed to be kind, respectful and dignified.

Consumers said staff were aware of their cultural backgrounds and respected their wishes. Staff were aware of consumers’ backgrounds and described how they provided culturally safe care in line with consumers’ documented needs and preferences. Care planning documents recorded consumers’ cultural needs and preferences and the service had a diversity and inclusion policy to guide staff practice.

Consumers said they were supported to make their own decisions about their care, maintain relationships of their choice, and do the things they wanted to do. Staff described how they supported consumers to make their own choices, involve others in their decisions and maintain relationships of choice. Consumers were observed participating in activities and spending time with friends, family and other consumers at the service.

Consumers and representatives said consumers were supported to do the things they wished to do, including taking risks, to live their best lives. Staff described how consumers were supported to understand and take risks, if they wished. Staff explained how risk mitigation strategies were discussed with consumers and implemented. Care planning documents showed risks were documented and mitigation strategies were in place to support consumers’ safety.

Consumers confirmed they were kept informed about happenings at the service and given information to inform their decisions. Staff described how consumers were informed of daily activities, meals and events at the service. A range of current information was observed to be available throughout the service, such as the activities and events, and how to make complaints.

Consumers confirmed staff respected their privacy and gave them time alone when they wished. Staff described how they respected consumers’ privacy and kept their personal information confidential. Staff were guided by a privacy policy which required consumers’ personal information to be kept confidential on password-protected electronic devices. Staff were observed knocking on consumers’ room doors and waiting for a response before entering.

# Standard 2

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives were satisfied with the assessment and care planning processes and confirmed risks to consumers were considered in meeting their care needs. Staff described the assessment and care planning process, which identified risks to consumers’ safety, health and well-being. Care planning documents confirmed comprehensive assessment and care planning was conducted on entry to the service, where consumers’ needs, goals and preferences were identified. The service had policies, procedures and assessment tools to guide staff in assessment and care planning.

Consumers and representatives confirmed assessment and planning captured their current needs, goals and preferences, and advanced care plans. Staff explained their responsibilities to capture consumers’ needs, goals and preferences in the assessment and care planning process, including capturing their advance care and end of life wishes. Care planning documents showed an advanced care directive and end-of-life preferences were in place, where consumers and representatives wished.

Consumers and representatives said they were closely involved in the assessment and planning of consumers’ care on an ongoing basis, and they could involve others they chose to involve. Management and clinical staff said consumers and representatives were partners in assessment and planning to ensure consumers’ needs, goals and preferences were identified. Care planning documents confirmed the involvement of consumers, representatives, and other care providers such as medical officers, allied health professionals and Dementia Support Australia.

Consumers and representatives said staff explained details about consumers’ care and they had been provided with a copy of their care plan. Staff described how they documented and communicated outcomes of assessments and shared care plans with consumers. Management and clinical staff said consumers and their representatives could access consumers’ care plans at any time. Staff were observed accessing information from care plans on the electronic care management system.

Consumers and representatives said consumers’ care and services were reviewed monthly and when their circumstances changed, or incidents impacted on their needs, goals and preferences. Care planning documents showed consumers’ needs and preferences were regularly reviewed, particularly when incidents occurred, such as changes to mobility. Staff practice was guided by documented 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

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

Consumers and representatives said consumers received the personal and clinical care they needed, and risks such as falls and pressure injuries, were effectively managed. Care planning documents showed consumers received safe and effective care which was tailored to their individual needs. Clinical staff understood consumers’ personal and clinical care needs and explained how these were met. The service had a range of written policies and procedures to guide staff in providing safe and effective care in areas such as pain management, falls prevention, medication management, skin health, and minimising restrictive practices.

Consumers and representatives were satisfied with how the service managed risks associated with consumers’ care and services. Management and staff described the high-impact and high-prevalence risks to consumers and how they were identified and effectively managed. Care planning documents recorded risk to consumers, such as falls and weight loss, and risk management strategies put in place.

Consumers and representatives confirmed advance care and end-of-life planning had been discussed with them and they were confident the service would meet their needs and preferences. Staff described how the adjusted end of life care to support the comfort and dignity of consumers such as providing pain management, frequent observations and emotional support. Care planning documents recorded consumers’ end-of-life preferences and staff were guided by the service’s written policies and procedures on palliative and end of life care.

Consumers and representatives were satisfied a change in consumers’ condition or care needs was identified and responded to promptly. Management said staff were proactive in identifying, reporting, managing, and escalating clinical and cognitive deterioration in consumers. Staff explained how deterioration or change in consumers’ mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner. Care documents had sufficient detail to support adequate information sharing between staff.

Consumers and representatives were satisfied information about consumers’ condition, needs and preferences was documented and communicated effectively by the service. Staff described how information about consumers was documented and effectively shared within the organisation through various team meetings, and by accessing the electronic management system and a hard copy handover sheet.

Consumers and representatives said referrals to medical specialists and allied health professionals were timely, appropriate and occurred when needed. Clinical staff described the referral process and said referrals were documented and followed-up to ensure the external provider had received and accepted the referral. Care plans showed the input of other providers of care and services such as medical officers, allied health professionals and palliative care specialists.

Consumers and representatives were satisfied with the service’s infection prevention and control measures. Staff described how they applied infection control measures and ensured antibiotics were used appropriately and their use was minimised, where possible. The service had 3 infection prevention and control leads and written procedures related to infection prevention and control and antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

Consumers were satisfied with the supports and services for daily living provided by the service and said they met their needs, goals and preferences. Staff said the activities program was based around consumers’ input and their cognitive, spiritual, cultural and physical needs. Consumers were observed participating in various activities such as an exercise class which was well-attended.

Consumers and representatives said staff supported consumers’ emotional, spiritual and psychological needs. Consumers who participated in spiritual and religious practices said they were supported to practice their faith. Staff explained how they knew when consumers needed emotional support and how comfort was provided, such as spending one-on-one time with them. Care planning documents showed the emotional, spiritual and psychological needs were recorded and supported.

Consumers and representatives confirmed consumers could participate in their community, do things of interest, maintain important relationships and have visitors. Staff described how consumers were supported to participate in the community outside the service and maintain contact with people of importance to them. Consumers were observed receiving visitors at the service.

Consumers and representatives said staff were aware of their needs and preferences and knew when these changed. Staff described how they were made aware of changes to consumers’ needs, preferences and conditions, along with how they shared the information with other staff members. Staff said they accessed consumers’ care plans for current information about consumers’ supports for daily living.

Consumers confirmed they could access support from external individuals and organisations providing care and services. Staff described the additional supports and services provided to consumers and how the referred consumers to external providers. Care planning documents showed the service made timely and appropriate referrals to other organisations and providers.

Consumers said the food was of suitable quality, quantity and they had choices at each meal. Staff described how they ensured consumers received meals that met their dietary needs and preferences. The chef explained how consumers were invited to provide feedback on the trial menu and changes were made as a result. The menu showed meals were varied and diverse, with multiple options available at each meal. Consumers were observed to be well supported by staff at mealtimes when they needed.

Consumers said equipment at the service was clean, well maintained and suitable for their use. Staff explained how they ensured equipment was clean, well maintained and the process for notifying maintenance when equipment was broken or needed repair. Maintenance documentation showed equipment was regularly maintained through preventative and corrective maintenance actions.

# Standard 5

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

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said they found the service welcoming, easy to navigate and they could personalise their rooms as they wished. Staff described how consumers were supported to make the space their own when they moved to the service. Consumers’ rooms were observed to be spacious, individualised and homely. The service environment appeared welcoming, with wide hallways and signage to assist navigation of the building.

Consumers said they moved around the service and accessed outdoor areas, as they wished. Consumers and representatives were satisfied with the cleaning services and said the shared and personal areas were kept clean. The cleaning management said consumers’ rooms were given a light clean daily and full clean weekly, while common areas such as living rooms, dining rooms and hallways were cleaned daily. The service environment appeared clean, tidy and free of hazards, with consumers using mobility aids moving safely around the service.

Consumers were satisfied the furniture, fittings and equipment were safe, clean and well maintained. Staff understood the maintenance process and described the actions they took when equipment was broken or not suitable for use. Documentation showed furniture, fittings and equipment received reactive and regular preventative maintenance, to ensure they were safe and suitable for use.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were comfortable giving feedback and raising complaints and management supported them to do so. Management and staff described how consumers were supported to provide feedback and make complaints through speaking directly to staff, using feedback forms, and attending meetings. Staff were guided in their practice by a feedback and complaint handling policy and a resolution policy and procedure.

Consumers and representatives could describe other avenues for raising complaints such as accessing advocacy services. Management and staff explained how they informed consumers of advocacy services and external avenues for raising complaints, and assisted them to make a complaint, if needed. Information about advocacy and external complaint services was available throughout the service and a representative from the Older Persons Advocacy Network regularly attended the monthly resident meeting.

Consumers and representatives said the service responded appropriately to complaints and confirmed open disclosure had been practiced. Management and staff described actions taken in response to complaints, including apologising when things went wrong. Complaint records confirmed appropriate actions had been taken in response to consumers’ feedback and complaints. The service had policies and procedures to guide staff practice in responding to complaints and using open disclosure.

Consumers and representatives confirmed their feedback and complaints were heard and used to make improvements to the care and services provided. Management described changes and improvements made as a result of consumers’ feedback, such as enhanced food and catering. The feedback register confirmed improvement actions were taken in response to feedback and used to inform continuous improvement at the services. Meeting minutes confirmed complaints were discussed and reviewed as part of the standing agenda.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff to meet consumers’ needs. Staff said there were sufficient staff to meet consumers’ needs and shifts were filled when unplanned leave occurred. Management showed how it planned and reviewed workforce numbers and skills mix, so consumers received safe and quality care. Management explained how vacant shifts were filled so staff numbers were adequate to meet consumers’ needs. Rosters for the fortnight showed the service was adequately staffed and had a registered nurse 24 hours per day.

Consumers and representatives said staff were kind, caring and respectful. Staff described how they treated consumers with respect and kindness, such as respecting their choices and preferences in all aspects of their care. Staff were observed treating consumers with kindness and respect such as by addressing them by their preferred name and greeting them in a friendly manner when entering their rooms.

Consumers and representatives said staff were capable and knowledgeable in their roles. Management said staff competence and capabilities were determined during the recruitment process and ongoing performance reviews. Management said position descriptions and employment checks ensured staff had the necessary qualifications and knowledge for their role. Records showed all staff had appropriate qualifications and knowledge and a police check, while clinical staff were registered with the Australian Health Practitioner Regulation Agency.

Consumers and representatives said staff were suitably trained and supported in their roles, so they could meet consumers’ needs. Management explained how staff were provided with initial and ongoing training and support to deliver quality care and services. Staff were satisfied with the training and support provided, and said it gave them confidence in their roles and their ability to provide quality care. Training records showed high rates of completion of mandatory annual training, with further training provided as needs were identified.

Management and staff said their performance was regularly monitored including through annual performance reviews. Management described how they monitored staff performance and supported staff when training needs were identified. Management said performance appraisals included discussions on continuous improvement, training needs, consumer feedback and additional support wanted by staff. Records confirmed staff performance was regularly monitored and reviewed.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers confirmed they were engaged in the development, delivery and evaluation of care and services. Management and staff described engaging consumers in the development and evaluation of care and services through avenues such as resident meetings, food forum meetings, complaints process and direct conversation.

Consumers and representatives said the service provided safe and quality care and services. Management explained how the organisation’s governing body was accountable for the delivery of inclusive, quality care and services and oversighted the operation of the service. The Board had five subcommittees who reported to them and had oversight of risk, quality, safety and governance, people and workforce and property and investments. Documentation and meeting minutes confirmed performance measures of care and services were discussed by the Board and all levels of management.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The governance structure enabled the Board to satisfy itself the Quality Standards were being met. Consumers and representatives said the service was operated well and management was approachable and had good oversight of the care and services provided to consumers.

The organisation demonstrated they had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, preventing and responding to abuse and neglect, supporting consumers to live their best lives, and managing and preventing incidents. Staff were guided in risk management by policies and procedures and received relevant training.

The service had a documented clinical governance framework that included policies, procedures and staff training in minimising restrictive practices, antimicrobial stewardship and open disclosure. Management and staff described their roles within the clinical governance framework and understood their specific responsibilities.

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