Performance

Report

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| Name of service: | Peter Sinclair Gardens |
| Service address: | 2 Mirreen Street HAWKS NEST NSW 2324 |
| Commission ID: | 0323 |
| Approved provider: | RSL LifeCare Limited |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 2 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 Peter Sinclair Gardens (**the service**) has been prepared by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the site audit; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives expressed satisfaction with the level of respect shown to them by staff. The Assessment Team observed staff treated consumers with respect when entering their rooms and when assisting during mealtimes.

Consumers could express their cultural identities and interests, and staff supported them to express their different cultures. Staff described how they provided services and care that were culturally safe for each consumer.

The service demonstrated information provided to consumers and representatives considered their ability to understand the options available to them. Consumers were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships.

Staff provided examples of how the organisation supported consumers to engage in activities that contained an element of risk. Consumers advised staff were supportive of their decisions to take risks to enable them to live the best lives possible.

Staff outlined the various ways they provided information to ensure it was understood and accessible to consumers, including communicating with consumers with visual or cognitive impairments. The Assessment Team observed staff discussing the daily menu options with consumers.

Consumers and representatives felt their personal information was kept private and secure. Staff were observed knocking on bedroom doors and awaiting a response prior to entering and ensuring the office door was closed when speaking to the Assessment Team about consumers.

# 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

The service identified and assessed the risks associated with consumer care during the assessment and planning process and outlined risk management strategies. Consumers advised their care was well planned, and staff supported them.

Care planning documentation evidenced consumers had an advance care directive or statement of choice in place. Consumers advised care and services were tailored to their needs, goals and preferences.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals. Consumers and representatives confirmed they were actively involved in the assessment, planning and review of their care and services.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they were able to access copies of their care plans upon request. The Assessment Team observed summaries of care plans were stored in consumers’ wardrobes and were accessible to them.

Consumers and representatives confirmed care plans were reviewed on a regular basis and when consumers’ circumstances changed, or incidents occurred. Management advised clinical incidents were reviewed monthly at both a service and organisational level to identify strategies to minimise the risk of reoccurrence and to identify improvements, which were then implemented to improve outcomes for consumers.

# 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 indicated consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The service had policies and procedures in place which supported the delivery of care.

The service demonstrated that risks for each consumer were identified and effectively managed. Care planning documentation identified effective strategies in place to manage identified risks, which were recorded in care plans and progress notes.

Consumers were confident the organisation supported their end of life goals and preferences and maximised their comfort and dignity. Staff were able to describe how to provide care to consumers that were palliating or requiring end of life care.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff provided examples of how deteriorations or changes in consumers’ conditions were recognised and how the service responded.

Staff outlined the various ways changes in consumers’ care and services were communicated and shared within the organisation, and with others where responsibility for care was shared. Consumers and representatives indicated they were kept informed of the progress and changes to consumers’ conditions.

Staff described the process for referring consumers to other health professionals. Consumers confirmed the service referred them to the appropriate providers of care and services and were satisfied with the referral process.

Consumers and representatives were satisfied with the service’s management of COVID-19 and advised they were assessed daily by staff for symptoms of COVID-19 and any other respiratory conditions. Staff demonstrated an understanding of how to minimise antibiotic usage and ensured they were used appropriately.

# 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 felt supported to pursue activities of interest to them and to optimise their independence. Staff explained how they partnered with consumers and their representatives to conduct lifestyle assessments which documented consumers’ needs, goals and preferences.

Staff outlined the various ways consumers’ emotional, spiritual and psychological well-being were supported, such as through the facilitation of phone calls, visitations and access to religious services. Consumers advised the service supported their emotional, spiritual and psychological well-being.

Consumers and representatives stated the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. Care planning documentation aligned with the information provided by consumers, representatives, and staff regarding their continued involvement in their community and maintaining personal and social relationships.

Staff explained how they shared information and were kept informed of consumers’ changing conditions, needs and preferences. Consumers and representatives advised consumers’ conditions, needs and preferences were effectively communicated within the service and with others responsible for care.

Care planning documentation identified timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff described the referrals to other providers of care utilised by specific consumers.

Consumers and representatives expressed satisfaction with the variety, quantity and quality of the meals provided by the service. The service regularly obtained feedback on the meal and dining experience through a facial expression card rating system.

# 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 and representatives found the service was welcoming and easy to understand. The Assessment Team observed the service was clean and all doors and wings had directional signage.

The service environment was observed to be safe, clean and well maintained and consumers could move freely, both indoors and outdoors. Staff ensured any maintenance issues were quickly resolved so consumers were comfortable within the service environment.

Staff advised they had access to safe and well maintained equipment to support the consumers’ needs. The Assessment Team observed consumers using a range of equipment, which included walking frames, wheelchairs, and comfort chairs.

# 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 advised they were encouraged to provide feedback and complaints. The Assessment Team observed a feedback and complaints box available within the service’s foyer.

The service had processes in place which supported consumers to access advocacy and language services. Staff described how they assisted consumers with cognitive impairments to make complaints and provide feedback.

Consumers advised management promptly actioned and resolved their concerns following the provision of a complaint or feedback. The service demonstrated it acted in response to complaints and utilised an open disclosure process.

Consumers and representatives provided examples of changes implemented following feedback and complaints. Management advised that feedback and complaints formed part of the service’s continuous improvement plan.

# 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

A review of the service’s roster by the Assessment Team indicated the workforce was planned to enable the delivery the safe and quality care and services. Staff indicated they understood consumers’ care needs by receiving daily handover communications and through a review of care planning documentation.

Consumers advised staff were kind and caring and respected their identities, cultures and diversity. The Assessment Team observed staff were caring and respectful and took time to interact with consumers.

Staff indicated they had the necessary skills to perform their roles and were supported by senior staff. The service conducted mandatory and optional training sessions and staff demonstrated knowledge of areas such as the Serious Incident Response Scheme, restrictive practices and upcoming changes to aged care funding.

The service demonstrated it had appropriate systems and processes in place which ensured staff were appropriately recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Staff indicated they received training on the Quality Standards as part of their orientation program provided by the service.

Staff demonstrated an understanding of the service’s performance development process and advised appraisals included discussions of their performance, and areas where they would like to further develop their skills and knowledge. A review of documentation identified performance appraisals, mandatory training and competency assessments were scheduled to be completed annually.

# 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 indicated they provided ongoing input into how consumers’ care and services were delivered and confirmed the service sought their input in a variety of ways, such as resident meetings, surveys and discussions. Management advised all feedback and suggestions provided by consumers and representatives were included in the service’s improvement register for investigation and actioning.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care. Management explained the service strived to improve their quality of care by being responsive to consumers’ needs and preferences.

There were organisation-wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service had effective risk management systems in place which managed high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live their best lives and how to manage and prevent incidents. Management described how incidents were analysed, used to identify risks to consumers and informed improvement actions.

The organisation’s clinical governance framework ensured safe and quality clinical care, and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Staff demonstrated an understanding of the requirements regarding restrictive practices, including the need to obtain consent, trialling alternative interventions and monitoring restraint when in use.

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)