Performance

Report

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| Name of service: | Raymond Terrace Gardens Care Community |
| Service address: | 15 Sturgeon Street RAYMOND TERRACE NSW 2324 |
| Commission ID: | 2800 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 17 October 2022 to 20 October 2022 |
| Performance report date: | 17 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 Raymond Terrace Gardens Care Community (**the service**) has been prepared by M Buhagiar, 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.
* the provider’s response to the Assessment Team’s report received 11 November 2022.

**Assessment summary**

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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**

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 1(3)(f) The approved provider must demonstrate that each consumer’s privacy is respected with staff knocking and waiting for acknowledgement from consumer before entering consumer’s room and that staff acknowledge consumer upon entry to consumer’s room.

Requirement 2(3)(d) The approved provider must demonstrate that all consumers and representatives are aware that the consumer’s care plan is readily available for them to access, and a process is embedded to make the care plans available to consumers and representatives.

Requirement 3(3)(a) The approved provider must demonstrate that appropriate referrals are made for consumers to receive safe and effective personal and clinical care that is best practice; and is tailored to their needs; and optimises their health and wellbeing.

**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. | Non-compliant |

**Findings**

This Quality Standard is non-compliant as one of the six Requirements have been assessed as non-compliant.

The Assessment Team interviewed consumers and representatives who said that they are treated with dignity and respect, with their identity, culture and diversity valued, and staff interviewed spoke about consumers respectfully. However, one consumer said staff practices are not always respectful as staff can hurt her when providing care. When this feedback was raised with the service during the Site Audit, an investigation was commenced.

The service provides culturally safe care and services for consumers. Staff are aware of and deliver care and services in ways that consider consumer’s cultural preferences and needs.

The service demonstrated that each consumer is supported to exercise choice and independence. Consumers and representatives interviewed confirmed consumers are consulted and are able to make decisions whenothers should be involved in their care. The service provides information to consumers in a range of ways. Information is generally clear, easy to understand and enables consumers to exercise choice.

Consumers are supported to take risks to enable them to live the best life they can. Risk assessments are completed to support consumers to undertake activities that may involve some risk. Where appropriate, measures to mitigate the associated risk are identified.

I find that the approved provider is compliant with the following Requirements:

* Requirement 1(3)(a)
* Requirement 1(3)(b)
* Requirement 1(3)(c)
* Requirement 1(3)(d)
* Requirement 1(3)(e)

The Assessment Team observed one staff member knocking on the door and entering the room of a consumer, without waiting for the acknowledgement of the consumer or asking permission. Another two staff entered the consumers’ rooms whilst being interviewed by the Assessment Team without knocking, with one staff member interrupting the interview and another walking in and out without acknowledging the consumer.

The approved provider responded to the Assessment Team’s report and advised that they have since delivered training for staff on Privacy, Dignity and Respect on 6 October 2022, conducted a Privacy and Dignity Audit on 21 October 2022 and a Privacy and Dignity Spot check on 27 October 2022. The service has also provided education on the Opal’s Privacy and Dignity Policy and Procedure, the Charter of Aged Rights and held discussion during the staff forum including supplementary education relating to Serious Incident Response Scheme (SIRS). Discussion have also been had with the staff members involved. This has also been included in the Plan for Continuous Improvement.

I have considered the approved providers response and acknowledge the actions that the service has taken, however it is not yet demonstrated by staff practices that consumers privacy is respected with one consumer stating at the time that they do not get much privacy, therefore indicating this is has been an ongoing issue. Review of the personal privacy preferences also include that the consumers want staff to knock and wait for permission before entering and to not enter if the consumer has visitors. This was not adhered to.

I find the approved provider is non-compliant with Requirement:

* Requirement 1(3)(f)

**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. | Non-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 non-compliant as one of the five Requirements have been assessed as non-compliant.

The service demonstrated consumer assessment and planning considers risks to consumer’s health and well-being to facilitate safe and effective care delivery. These included risks associated with falls, blood glucose monitoring, skin integrity, pressure injuries, co-morbidities, and previous medical history. Sampled consumer’s care planning documents include consumer’s needs, goals and preferences, what is important to individual consumers, how they want their care delivered, including end of life care. Management said that end of life and advance care planning is discussed with consumers and/or representatives at care conferences as needed. The service has systems and processes in place to review consumer care and services on a regular basis, when changes occur, and following incidents.

Overall, the service demonstrated they have a partnership with consumers and representatives to involve them in the care assessment and planning of the consumer. Assessment and planning included other organisations, individuals and providers of care and services that are involved in the care of the consumer.

I find the following Requirements are compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(b)
* Requirement 2(3)(c)
* Requirement 2(3)(e)

The Assessment Team interviewed the care manager who indicated case conferences occur with consumers and/or representatives and the care and services for consumers are discussed. However not all case conferences for consumers have been conducted due to COVID-19 lockdowns and staffing changes in the care manager position. The care manager advised a schedule has been implemented to address this.

The Assessment Team interviewed consumers and representatives and they have not been offered a copy of the consumer care plan or had the outcomes of assessments discussed with them. Documentation indicated each consumer had a care plan which would be available to consumers and/or nominated representatives if they were aware the consumer had one. A clinical staff member indicated they had been part of a case conference in the last week and the consumer and/or representative were not offered a copy of the care plan. They indicated they addressed the areas of care issues and did not discuss the consumer care planning document.

The approved provider responded to the Assessment Team’s report and advised that due to Covid outbreaks and care manager staffing turnover the formal case conferences were delayed, however consultation occurs with representatives frequently. I acknowledge that the service will be providing information in the upcoming resident meetings, of how to access the care plan and that the organisation is in the early stages of development of automated care plans which is projected to be delivered in May 2023.

I acknowledge that regular consultation with representatives occurs, and the formal case conferences are being scheduled, however it is not yet evident that 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, due to feedback from the consumers and representatives.

I find that the approved provider is non-compliant with Requirement:

* Requirement 2(3)(d)

**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. | Non-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 non-compliant as one of the seven Requirements have been assessed as non-compliant.

The Assessment Team interviewed consumers and representatives who overall indicated they are generally satisfied with the care and services in relation to personal and clinical care the consumer receives. However, from the documentation reviewed the service does not demonstrate that overall consumer clinical care is effective, meets their needs and/or optimises their well-being.

The Assessment Team found that for most consumers sampled, pain was effectively managed. However, the results of documentation review and interview with one consumer indicated that pain was not being effectively assessed and managed and the consumer advised that when staff use the lifter, it causes pain and was therefore reluctant to get out of bed due to the pain.

Consumers with unplanned weight loss are reviewed by the care manager and reviewed by the dietician as needed. However, documentation indicated staff are not following dietician recommendations and tailoring care to the consumers’ needs and/or indicating why the recommendations are not followed in regard to ongoing weight monitoring. The management team acknowledged the gap in weight monitoring and advised they are aware of gaps in clinical oversight. The care manager is addressing the weight monitoring process.

The service advised the Assessment Team as part of clinical oversight that the organisation’s dementia specialist reviewed selected consumers in the memory support unit (MSU). Overall, the aim was to provide suggestions/advice for improving the consumers’ behaviour management and provide individualised care tailored to the consumer needs. A review of sampled records indicates that for one consumer the dementia specialist recommendations were not known by the clinical staff and the behaviour management was not tailored to the consumer’s needs. Management was unaware that the recommendations had not been implemented.

The approved provider responded to the Assessment Team’s report and provided evidence of Behaviour Support Plans, Plan for Continuous Improvement and supporting documentation in relation to the cessation of weighs for the consumer highlighted in the report. The approved provider has also responded to the issues associated with the sling lifter and advised that a specialist review and work health and safety review will take place for the use of the sling lifter. Whilst I acknowledge the actions taken by the provider, it is not yet evident that the specialist review or WH&S review has taken place to assist the consumer with the sling lifter in order to mobilise.

I find that the approved provider is non-compliant with this Requirement.

* Requirement 3(3)(a)

The service has processes to manage high impact or high prevalence risks associated with the care of consumers including, falls and complex needs management. Documentation reviewed by the Assessment Team demonstrated the service is generally managing high impact and high prevalence risks effectively.

For the consumers sampled who are nearing the end of their lives, documentation reviewed indicated the consumer’s care needs, preferences, wishes and directives had been identified and incorporated into the consumer’s care file and associated documents. Consultation occurs with consumers and representatives including when referral to palliative care specialists is required, when a consumer commences the palliative pathway or requires end of life care.

The service demonstrated consumers who have experienced a deterioration or change in their cognition, physical or mental health have their needs recognised and responded to in a timely manner. The service communicates the consumer's condition, needs and preferences within the service and with others where responsibility for care is shared. All consumers have comprehensive care plans in place. The service has a verbal handover between shifts and outstanding matters are generally followed up by staff.

For the consumers sampled, care planning documents evidenced the input of others such as allied health professionals and specialists, and referrals were made when required.

The service demonstrated effective processes to minimise infection related risks through standard and transmission-based precautions and practices to promote appropriate antibiotic prescribing and use. This included outbreak preparedness, vaccination processes, surveillance of infections, and pathology orders prior to commencing antibiotics.

I find the following Requirements are compliant:

* Requirement 3(3)(b)
* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(f)
* Requirement 3(3)(g)

**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 compliant as seven of the seven Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team provided positive feedback that they receive safe and effective services and support for daily living that supports their well-being and quality of life. Consumers said they enjoy the lifestyle program, exercise services, bus trips, entertainers from the local community, and time spent in the garden.

Consumers, representatives and staff interviewed were able to consistently describe the services and supports available to promote consumers emotional, spiritual, and psychological wellbeing. The service has a Catholic priest and an Anglican minister who conduct monthly church services and are available on request to support consumers.

Processes are in place to document and share information about consumer’s needs and preferences both within the organisation and with others when required. The information is up to date and accurate and staff were able to describe ways that the service effectively manages the communication of this information in relation to services and support for daily living. The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers.

The service demonstrated that the meals provided at the service are varied and of suitable quality and quantity. Consumers and representatives interviewed gave positive feedback saying the food was tasty, and there is a good variety and quantity. Consumer assessments and documentation show that nutrition and hydration information, including dietary requirements and preferences, are consistent with the information recorded by kitchen staff and aligned with consumer and staff feedback.

Consumer and staff interviews, and observations by the Assessment Team, indicated equipment to support consumer lifestyle is safe, suitable and clean.

**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 compliant as three of the three Requirements have been assessed as compliant.

The Assessment Team found the service has an inviting clean appearance and is filled with natural light and has large spacious corridors for ease of movement. The presentation of the service was observed to be functional with various social and private spaces and multiple courtyards for the enjoyment of consumers and visitors. Consumer bedrooms were home-like with personalised items such as family photos, religious items, and paintings. Consumer doors were decorated with personalised illustrations and pictures with door numbers and the consumer’s preferred name to assist consumers to recognise their rooms. Consumers and representatives interviewed by the Assessment Team confirmed their satisfaction with the environment, and that it is safe, clean and well maintained.

Overall, the service environment was observed by the Assessment Team to be safe, clean and well maintained. The layout of the service environment and the availability of easy access to outdoors promotes the free movement of consumers both indoors and outdoors. Issues relating to some doors to outdoor areas being locked, the maintenance of some outdoors areas, and safe storage of chemicals were identified by consumers or the Assessment Team. However, these were rectified during the Site Audit and did not indicate systemic issues.

Furniture, fittings and equipment were observed to be safe, clean and well maintained.

**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 compliant as four of the four Requirements have been assessed as compliant.

The service demonstrated it supports consumers and their representatives to provide feedback and make complaints. Several consumers and representatives interviewed by the Assessment Team said they were aware of how to make a complaint and have made complaints or raised concerns in the past which were actioned appropriately. They said that management is very approachable and addresses any issues or concerns that they have in a timely manner.

The Assessment Team reviewed the service’s feedback and complaints register and identified that all complaints raised in the six months prior to the Site Audit had been finalised and managed in accordance with the organisation’s feedback and complaints policy and open disclosure policy. The service demonstrated how complaints and feedback are used to improve care and services at the service. Consumers and representatives provided feedback regarding how their complaints have improved services.

The service provides information to consumers for them to be aware of, and have access to, advocates, language services and other methods for raising and resolving complaints.

**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 compliant as five of the five Requirements have been assessed as compliant.

The service demonstrated the workforce is planned and enables the delivery and management of safe and quality care and services. While feedback from consumers and representatives regarding the sufficiency of staff varied, most consumers interviewed by the Assessment Team said that their needs are met in a timely manner and without them feeling rushed. All consumers said when they use the call bell it is answered promptly most of the time. The service was aware that staff shortages is a concern for some consumers and representatives and has a plan for continuous improvement including ongoing recruitment for additional staff.

The workforce interactions with consumers were mostly kind, caring and respectful. While the Assessment Team observed some staff not respecting consumer’s privacy, this has been considered in my assessment of Requirement 1(3)(f). All consumers and representatives interviewed praised the staff for the care they provide to consumers.

Overall, consumers and representatives interviewed said staff have the skills to meet their care needs. The service demonstrated they have documented position descriptions and core competencies for all roles. Both internal and agency staff complete orientation and training to ensure staff have the required knowledge and skills for their roles. Management described how incident reports, complaints and observations are used to identify staff training needs. While not all staff had completed mandatory training at the time of the Site Audit, this was addressed during the Site Audit and evidence did not suggest this was negatively impacting consumer care.

The service has effective systems and processes to monitor and review the performance of each member of the workforce.

**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 compliant as five of the five Requirements have been assessed as compliant.

The service has feedback forms, regular consumer surveys, and complaint, incident management and improvement processes to engage consumers in improving care and service delivery. The organisation demonstrated that the board, chief executive officer and executive management team are overall engaged with and support consumers to be involved in the development, delivery and evaluation of care and services. The service demonstrates their governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The service demonstrated it has effective organisational governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service demonstrated it has risk management systems including to manage high impact and high prevalence risks, identify and respond to abuse and neglect of consumers, support consumers to live the best life they can, and manage incidents. The service has formal risk management processes and systems that are overseen by the executive and governing body.

The organisation has a clinical governance framework, and the service has implemented a range of supporting policies and procedures covering antimicrobial stewardship, restrictive practice and open disclosure. The organisation has processes and meetings to monitor these key areas of clinical governance.

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)