Performance

Report

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| Name: | Raymond Terrace Gardens Care Community |
| Commission ID: | 2800 |
| Address: | 15 Sturgeon Street North, RAYMOND TERRACE, New South Wales, 2324 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 28 September 2023 |
| Performance report date: | 28 November 2023 |
| Service included in this assessment: | Service: 1155 Raymond Terrace Gardens Care Community |

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 G Cherry, 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 Assessment contact (performance assessment) – site 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 23 November 2023
* Performance Report dated 17 November 2022

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |

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)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Previously the service did not demonstrate an effective system to ensure staff respect consumers privacy including confidentially in relation to personal information. Staff were observed not affording privacy and respect when entering consumers individual rooms. Responsive actions include provision of staff education/training, management attendance at staff and consumer forums to discuss this issue and implement monitoring processes to ensure compliance.

Sampled consumers/representatives consider consumer’s privacy is respected including information kept in a confidential manner. Interviewed staff described practical methods they ensure consumer’s personal privacy is respected including confidentiality when discussing consumers care, seeking permission when entering consumer’s rooms and when providing hygiene care. The assessment team observed staff on most occasions respecting consumers’ privacy and dignity when delivering care and services, however observed a care staff speaking loudly to one consumer regarding continence needs when in a communal area.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Previously the service did not demonstrate an effective process to ensure care plans readily available to consumers and representatives. Responsive actions include review of case conference meeting processes and establishment of a documented schedule to enable monitoring of completion, including signing of attendees to demonstrate knowledge and awareness including offering a copy of the care plan, plus discussion of this process at consumer/representative meeting forums.

The service demonstrates systems to effectively communicate outcomes of assessment and planning with consumers and their representatives. Management explained the process and methods used relating to annual and ad-hoc care conversations with consumers/representatives to discuss the current care needs/preferences. Representatives provide input into assessment/planning, and the electronic care documentation system has a template to guide care conversations and ensures consumer/representatives are offered a copy care plan. A process ensures 4 monthly review or more often is needed. Representatives are notified of any incidents or changes in care. Document review demonstrates consumer/representative involvement and satisfaction with care, plus provision of care planning documentation. Consumers and representatives’ express satisfaction with communication regarding consumers care needs, noting receipt of care plan. Interviewed clinical staff described methods used of communication, including annual care conversations, and when changes occur, medical officer visits, medication changes and incidents. Details are recorded and consumers/representatives offered a copy documentation.

# 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 |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Previously the service did not demonstrate each consumer receives appropriate pain assessment and management, documentation did not demonstrate staff adhere to allied health directives and wound evaluation did not consistently occur. Responsive actions include review of consumer’s pain management including medication administration records, increased use of ‘as needed’ (PRN) medications results in referral for medical officer, provision of education for all registered nurses and care manager review of documentation to ensure specialist directives are included in clinical handover.

Sampled consumers/representatives gave positive feedback regarding clinical care and interviewed staff demonstrate knowledge relating to consumer’s individual needs/preferences. The service demonstrates their system for receipt of safe, effective personal/clinical care, in relation to some aspects of clinical care and a review of sampled documents note safe, individualised personal and continence care. Clinical documentation for 7 sampled consumers demonstrates processes to ensure skin integrity and pressure area care occurs via regular assessment, moisturising, continence management and pressure relieving devices. However, document review for 2 consumer’s pressure injuries/wounds detail wounds not managed as per care plan directives, wound photographs not inclusive of measurements or captured via differing angles, inaccurate recordings within the electronic documentation system and lack of timely medical officer review.

Pain management is considered for each consumer. Interviewed clinical and care staff describe assessment/management of pain including use of non-pharmacological interventions prior to the use of pain medication. Consent is documented, reflecting an understanding of risks associated with medication and sampled consumers consider staff respond to their pain needs. A review of document for 5 consumers demonstrates individualised/detailed care plans to guide care delivery relating to diabetes management and staff provide care as per medical officer directives.

Document for 5 consumers who have experienced unplanned weight loss, nutrition and/or swallowing risks demonstrate dietitian and/or speech pathologist referral/review, prescribed nutritional supplements and appropriate food texture/fluid consistency. Consumers with specialised nursing care needs, including indwelling catheters (IDCs), care and service documentation include completed monitoring processes. Falls management processes ensure consumers with a high risk or history of falls has a risk score/assessment and staff directives. Regular monitoring processes identify changes, medical officers/specialist referral occurs, subsequent directives implemented, clinical staff assess/manage/conduct appropriate observations and escalate incidents post fall, timely transfer to hospital occurs when needed and monitoring of changed care needs upon return.

Management demonstrates care delivery for consumers living with responsive/challenging behaviours, include trialling of strategies/interventions to minimise unmet needs. Document demonstrate medication use via specialist directive and after trialling alternative non-pharmacological interventions. Referrals to allied health/dementia specialists occur to support consumer care and recommended strategies were observed to be implemented by staff. However, a review of consumer clinical files reflected a lack of documentation in behavioural charting for challenging and changed behaviours for consumers who are subject to medication deemed as chemical restraint.

The assessment team observed a mechanical restrictive practice in place for one consumer however the service did not demonstrate appropriate assessment/informed consent/decision making in relation to this, nor that staff had a comprehensive understanding of what constitutes as restrictive practice. Management were unaware of this practice, however immediately implemented appropriate processes.

In their response, the approved provider supplied evidence of regular wound consultant review, noting while not optimal wound photography/recording of status, regular wound monitoring by clinical staff, wound specialist and medical officer occurs in pursuit of wound recovery. In addition, they conducted incident review to determine eligibility regarding reporting responsibilities, provision of staff training/education and consultation with named consumers to ascertain satisfaction. Review in relation to mechanical restrictive practice resulted in determination restraint not occurring. In consideration of compliance, I am swayed by the volume of evidence demonstrating appropriate/responsive clinical care, consumer/representative degree of satisfaction, plus immediate responsive actions implemented by the approved provider in relation to issues bought forward by the assessment team. I find requirement 3(3)(a) is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)