Performance

Report

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| Name: | Residential Gardens |
| Commission ID: | 0367 |
| Address: | 420 Woodstock Avenue, ROOTY HILL, New South Wales, 2766 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 1 May 2024 |
| Performance report date: | 5 June 2024 |
| Service included in this assessment: | Provider: 1711 Residential Gardens For Spanish Speaking Frail Aged Limited  Service: 383 Residential Gardens |

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 Residential Gardens (**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 21 May 2024
* Performance Report dated 6 February 2024

# Assessment summary

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| Standard 6 Feedback and complaints | Not Compliant |
| **Standard 8** Organisational governance | **Not Applicable as not all requirements were assessed** |

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 6(3)(d) – implement an effective system to ensure feedback and complaints are reviewed and used to improve quality of care and services, plus an effective self-monitoring system to ensure compliance.

# Standard 6

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| Feedback and complaints | |  |
| 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. | Not Compliant |

Findings

Requirement 6(3)(c) - a decision of non-compliance made on 6 February 2024 followed an assessment contact on 13-15 December 2023. At an assessment contact on 1 May 2024 the provider supplied a current/ongoing plan for continuous improvement (PCI), detailing improvement strategies and progress to address the identified non-compliance including implementing additional suggestion boxes (and access to appropriate forms) throughout the service, provision of staff education relating to complaints management, engagement of a clinical consultant to enhance processes, development of a document to record all feedback/complaints, planned appointment of a consumer liaison officer and complaints management responsibility transferred to executive care manager (ECM).

Sampled consumers/representatives consider management are responsive to matters raised and offer an apology. Representatives gave specific examples of satisfactory outcomes. Interviewed staff demonstrate an understanding of their responsibility in complaints management, including practice of open disclosure. Via document review and interview with ECM the service demonstrates recording and actioning of feedback/complaints via documentation and ensuring appropriate timely action. Staff receive education regarding their responsibility including reporting/escalation processes and actions when consumer’s representatives provide feedback/raise a concern. The assessment team observed training being provided by the clinical care manager to members of the care and clinical staff. I find requirement 6(3)(c) is compliant as the service demonstrates an effective system to ensure appropriate action including principles of open disclosure used when things go wrong.

Requirement 6(3)(d) - a decision of non-compliance made on 6 February 2024 followed an assessment contact on 13-15 December 2023. At an assessment contact on 1 May 2024 the provider supplied a current PCI, detailing improvement strategies and progress in addressing the identified non-compliance.

While a PCI details responsive actions to previously identified non-compliance and the service implemented some actions, the assessment team bought forward evidence timely responses to identified issues of concern are not evident, nor an effective monitoring system to ensure recording/actioning/outcome of issues bought forward. For example, service identified inconsistencies relating to broadcast of the Spanish channel resulted in a 6-month delay in rectification, without demonstration of communication regarding causal issues for delay. The assessment team note unsuccessful implementation of planned improvements to ensure feedback/complaints are used to improve quality of care and services. Via management interview it is noted mechanisms/processes for capturing and actioning feedback and information are not effective, and appropriate training/education to those delegated with overall responsibility did not occur. While a consultant was engaged a process of review regarding individual feedback, policy/procedural guidance, and ensuring those with responsibility attained understanding did not occur. A process of analysing feedback to identifying trends, ensure improved outcomes is not evident.

The provider’s response includes responsive actions such as appointment of a consumer liaison officer (fluent in 2 languages) early May 2024 whose role is to enhance oversight of complaints management processes, support consumer engagement and operate in conjunction with the Consumer Advisory Body (CAB). In addition, they commit to review/revise policy/procedure guidance documents, provide education, amend meeting forums/reports, conduct surveys in consumer’s preferred language and provide clarification regarding reporting/escalation requirements. In consideration of compliance, while accepting the providers immediate and planned actions, I am cognisant the service does not currently demonstrate an effective system of review/using feedback/complaints as a mechanism to improve quality of care and services. I find requirement 6(3)(d) is non-compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

A decision of non-compliance made on 6 February 2024 followed an assessment contact on 13-15 December 2023. At an assessment contact on 1 May 2024 the provider supplied a current PCI, detailing improvement strategies and progress to address the identified non-compliance including review of feedback/complaints management and restrictive practices resulting in feedback/complaints documented on the PCI to enable effective monitoring/evaluation, implementation of improvements (noted in requirements 6(3)(c) and (d) including reporting to and discussion at Board meetings.

Effective organisational governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance, plus feedback and complaints are evident. Information systems provide stakeholders with information to make informed decisions. Consumers/representatives receive information relating to care and service provision upon entry and ongoing. Staff communication processes include the electronic clinical documentation system, intranet, handover discussions, education/training programs and regular meeting forums. Policies/procedures guide staff and a system for feedback exists. A continuous improvement system is overseen by the ECM and discussed at leadership team meetings. A review of the PCI demonstrates improvements are documented, implemented, and evaluated and examples of recent and planned improvements are evident. Management considers the organisation provided appropriate resources to ensure care delivery, via delegation authority regarding purchases, plus processes to attain additional funds when required. An organisational process monitors financial management at service level, including capital expenditure. Systems exist for planning and management of the workforce via ongoing review of consumer care needs, clinical data, and feedback. Staffing and recruitment occur via Board member engagement resulting in expansion of staff numbers to ensure meeting legislative requirements. Management considers the service has a high staff retention rate and a positive workplace culture. Systems ensure changes to aged care regulation/legislation are identified and appropriate processes implemented, and management personnel note attendance at industry conferences. A subscription service is used regarding policy/procedures in line with current legislation/regulatory requirements. Management demonstrates organisational change responsive to legislative changes and relevant communication and staff training occurs to ensure knowledge/understanding of responsibilities. A system ensures appropriate documentation and informed consent occurs in relation to restrictive practices. A feedback/complaints policy exists to guide staff and the ECM is responsible for complaints management. Relevant information, including external complaints, is communicated/discussed at Board level and several methods used to gather feedback. While at service level it is not evident feedback/complaints result in improvement outcomes [refer to requirement 6(3)(d)] they demonstrate organisational governance systems exist.

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