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) – non-site |
| Activity date: | on 14 August 2024 |
| Performance report date: | 5 November 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 Katrina Platt, 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) – non-site report was informed by a non-site assessment and review of documentation.
* the provider’s response, received on 13 August 2024, to a section 67 request for additional information.

# Assessment summary

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| Standard 6 Feedback and complaints | Not Compliant |

A detailed assessment is provided later in this report for the assessed Requirement.

# 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) – the approved provider ensures that best practice systems are in place to manage feedback and complaints, which it uses to improve the delivery of care and services to consumers. Information about the actions taken to remedy complaints should be provided to the governing body, the workforce and consumers in a timely manner. Improvements in safety and quality systems and regular review of complaints management should also be demonstrated.

# Standard 6

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| Feedback and complaints | |  |
| 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)(d) was Not Compliant following a Site Audit conducted from 13 December 2023 to 15 December 2023 and Assessment Contact on 1 May 2024. After additional information was received from the approved provider, an Assessment Contact (non-site) was conducted on 14 August 2024 to reassess the Requirement.

Through quality indicator data submitted by the approved provider, consumers indicated they were comfortable submitting complaints and were confident that appropriate action would be taken. Staff received training on feedback and complaints. Policy and procedure documentation for feedback and complaints management remained outdated, although a draft policy document was being reviewed externally. Two feedback and complaints registers were evidenced and inaccuracies in information captured included (but was not limited to) action dates and recorded outcomes. Neither register captured all relevant feedback and complaints. Board meeting minutes confirmed analysis and trending occurred at organisational level, however improvement outcomes were not demonstrated.

The approved provider did not provide a response to the Assessment Team report.

In making a decision about Requirement 6(3)(d), I have considered the intent of the Requirement which requires an organisation to have a best practice system in place to manage feedback and complaints and for the information obtained to be used to improve the delivery of care and services to consumers. Improvements to safety and quality systems should be demonstrated and the governing body, workforce and consumers should receive timely feedback on actions taken in response to complaints.

Whilst I acknowledge the enhancements initiated by the approved provider to the complaints register and actions taken to update policy and procedure documentation, inaccuracies in information collation and reporting were identified which does not reflect best practice. There was also limited evidence available about how information is being used to improve the delivery of care and services to consumers. Review mechanisms which ensure ongoing best practice management of complaints was not demonstrated.

I therefore, find Requirement 6(3)(d) is Not 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)