Performance

Report

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| Name of service: | Tallwoods Corner Aged Care Service |
| Service address: | 1 Myra St WAHROONGA NSW 2076 |
| Commission ID: | 0904 |
| Approved provider: | I & E Klein Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 25 July 2023 to 27 July 2023 |
| Performance report date: | 28 August 2023 |

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 Tallwoods Corner Aged Care Service (**the service**) has been prepared by J. Miaris, 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.

# 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

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives considered consumers were treated with dignity and respect, with their identity, culture, and diversity valued. Staff demonstrated knowledge of consumers life stories, and described how they treated consumers with respect. Care planning documentation included specific information about consumers, such as spirituality and languages spoken, which aligned with feedback received from consumers and representatives.

Consumers and representatives reflected consumers received culturally safe care and services. Staff demonstrated an understanding of consumers’ identity, background, and individual values, and explained ways they provided culturally appropriate care. Care planning documentation contained information about consumers’ cultural backgrounds and how the service tailored care around their cultural needs and preferences. The service had policies and training which support staff to provide culturally safe care.

Consumers and representatives said consumers were supported to make decisions about care and services, how it should be delivered, who should be involved and to maintain relationships of their choice. Management and staff described how they supported consumers to exercise choice and independence, including maintaining social and personal relationships. Care planning documents reflected consumer choices and what was important to them, including maintaining personal and social relationships, and lifestyle choices.

Consumers and representatives considered consumers were supported to take risks to enable consumers to live the best life they can. Staff described how they supported consumers to live life on their terms through consultation of risks and benefits associated with their choices. Care planning documentation evidenced risks were assessed and communicated with consumers and others associated with their care, with risk mitigation strategies that were in line with consumers’ wishes.

Consumers and representatives said they were kept up to date through phone calls, emails, meetings, ‘food forum’ meetings and newsletters, which helped them to make informed choices. Management and staff described how they provided information in a current, accurate, and timely manner to help consumers exercise choice, which was evidenced through documentation and observations.

Consumers and representatives described how consumers privacy is always respected and doors are closed when receiving care. Staff described ways in which consumer privacy is respected and explained how consumer information is kept confidential, such as keeping computers locked and using passwords to access consumers’ personal information. Staff were observed knocking and closing doors when providing personal care, and using password protected computers which were observed to be locked when staff were not in attendance. The service had a privacy and confidentiality policy to guide staff practice.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were involved in assessment and planning processes and were satisfied risks to consumers were appropriately identified and managed. Management and staff explained the assessment and planning processes to identify and manage risks to consumers. Care planning documentation evidenced risks were assessed in consultation with consumers and other providers of care using assessment tools, with risk mitigation strategies in place.

Consumers and representatives advised consumers’ needs, goals, and preferences, including advance care and end of life wishes, were identified during assessment and planning processes. Staff explained the processes in place to identify consumers’ current needs, goals, and preferences, which were reflected in care planning documentation, including advance care planning and end of life planning.

Consumers and representatives advised they were involved in assessment and planning of consumers’ care and services, including others they wished to have involved. Staff described how they involved consumers, representatives, and others as appropriate in ongoing assessment and planning and review processes, which were reflected in care planning documentation.

Consumers and representatives said the service always involves them in assessment and planning reviews, which they can review at any time, staff provide them with updates about assessment outcomes and they have been offered a copy of the consumers care plan. Management and staff described how they documented and communicated the outcomes of assessment and planning to consumers, representatives, and others in a timely and appropriate manner, which were reflected in care planning documentation.

Consumers and representatives said staff regularly discuss care needs with them when circumstances change, or incidents occur which impact consumers’ care needs. Management and staff advised consumers’ care and services were regularly reviewed on a 3 monthly basis, or when changes occurred requiring an updated assessment and review, which was evidenced in care planning documentation. The service had policies and procedures in place to guide staff with the ongoing assessment, planning, and review of consumers’ needs, goals, and preferences.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received appropriate personal and clinical care which met consumer’s needs. Management and staff demonstrated knowledge of consumers’ personal and clinical needs and preferences and described how they supported the delivery of safe, effective care consistent with care planning documentation. Care planning documentation reflected consumers’ care and services were safe, effective, and tailored to specific needs. Policies and procedures included best practice information to support staff in delivering care.

Consumers and representatives expressed their confidence on how the service manages consumers’ high impact or high prevalence risks. Management and staff identify, assess, and manage high-impact or high prevalence risks to the safety, health, and well-being of each consumer. Care planning documents identified that high impact and high prevalence risks were effectively managed, with strategies in place to minimise risks such as, falls, weight loss, pressure injuries, and diabetes management.

Management and staff described how care delivery changed for consumers nearing end of life, with consumers’ provided comfort and dignity, such as regular repositioning, pain management, emotional and spiritual support. Care planning documentation evidenced advance care, and end of life care needs, goals, and preferences were considered to support consumers comfort and dignity. The service had policies and procedures in place to guide staff with the delivery of palliative care.

Consumers and representatives provided positive feedback in relation to the responsiveness of the service when there was a deterioration or change in consumers. Management and staff explained how they identified changes in consumers, such as weight loss or change in behaviour, and what they would do in response, which was evidenced in care planning documentation. The service had policies, procedures, and flow charts to guide staff in identifying and responding to deterioration of consumers.

Staff described how information was accessible to them in various ways to guide the delivery of care and services to consumers and explained how information was shared within the organisation and with other providers of care and services. Care planning documentation and observations evidenced information was documented and communicated within the organisation, and with others responsible for care, such as medical officers and representatives.

Management and staff explained the service had an established network of individuals, organisations, and providers they referred consumers to, such as other allied health services. Consumers and representatives said consumers were referred to appropriate providers, organisations, or individuals in a timely manner, which was reflected in care planning documentation.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives were satisfied with the service’s infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 7 of the 7 Requirements have been assessed as Compliant.

Consumers said staff understood their individual care needs, goals, and preferences and supported them to do things of interest to them. Staff demonstrated knowledge of consumers interests and preferences and described how they supported consumers. Care planning documentation aligned with staff and consumer feedback, strategies in place to support consumers to do the things they wanted to do. Consumers were observed engaging in various activities, including activities tailored to the diverse needs of consumers.

Consumers and representatives said consumers’ emotional, spiritual, and psychological well-being were supported. The service provided individualised support for consumers spiritual and emotional needs and staff demonstrated knowledge of consumers emotional, spiritual, and psychological well-being needs, and described the supports and services available. Documentation evidenced consumers received services and supports to promote each consumers well-being.

Consumers and representatives said consumers received services and supports which helped consumers to participate within the community, have social and personal relationships, and do things of interest to them. Staff explained how they supported consumers to maintain relationships and social connections within and outside the service environment. Consumers were observed socialising and participating in various activities.

Consumers and representatives said information about consumers daily living choices and preferences was shared with staff and other providers of care as appropriate. Staff described how they shared relevant consumer information within the service and externally.

Management and staff explained how they worked with external organisations and individuals to support consumers lifestyle preferences. Care planning documentation demonstrated that consumers were referred to other individuals, organisation, and other providers of care and services in a timely and appropriate manner, to supplement lifestyle services and supports available at the service.

Consumers said meals were satisfactory, varied, and of suitable quality and quantity and they have input into the menu through surveys and provide feedback through food forum meetings, which was evidenced in documentation.

Consumers and representatives said equipment was safe, suitable, clean, and well maintained. Staff explained the processes in place to maintain the safety and cleanliness of equipment. Documentation evidenced preventative maintenance processes in place, and equipment such as mobility aids, were observed to be clean and appeared to be well maintained.

# 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 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was easy to understand and welcoming. Staff described how they supported consumers to make the service environment feel like home and maintain their independence. Consumers’ rooms were personalised, including items such as photos and memorabilia, with communal seating areas available for consumers and their visitors. The service environment was well lit, with handrails to assist consumers navigation and interaction.

Consumers said the service was safe, clean and well maintained, and they can access indoor and outdoor areas. Management and staff explained the responsibilities of dedicated personnel, processes, and systems to maintain the safety and cleanliness of the service environment, including identifying and recording hazards and maintenance issues. The service environment was observed to be well maintained, with consumers moving freely throughout the service.

Consumers and representatives said furniture, fittings, and equipment was safe, clean, and well maintained, and were aware of how to report maintenance faults or issues. The service had schedules and maintenance systems to maintain the safety of furniture, fittings, and equipment. Documentation demonstrated preventative maintenance and other requests were up to date and equipment, furniture, and fittings were observed to be clean and utilised by consumers.

# 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 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said their feedback was welcomed, and they were comfortable in expressing concerns directly to management or staff, or through feedback forms and surveys. Management and staff explained how they supported consumers to provide feedback and or making a complaint. Information was observed throughout the service environment to encourage and support feedback and complaints, such as anonymous feedback boxes.

Consumers and representatives said they were aware of other avenues to raise complaints, such as advocacy services. Management and staff demonstrated knowledge of the external complaints and feedback pathways available to consumers, such as advocacy and language services. Documentation demonstrated consumers and representatives were informed of other methods to raise and resolve complaints.

Consumers and representatives said the service acted in response to complaints, and documentation reflected an open disclosure process was used. Staff demonstrated knowledge of the principles of open disclosure, and explained what their role and responsibilities were in responding to complaints or when things went wrong. The service had a policies and procedures in place and training to guide staff in using an open disclosure process when responding to complaints or incidents.

Consumers and representatives advised improvements were made to the quality of care in response to their feedback and complaints. Management explained the processes in place to evaluate feedback and complaints, informing improvements to care and services, such as data trends analysis. Documentation demonstrated improvements were made to care and services in response to feedback and 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 5 of the 5 Requirements have been assessed as Compliant.

Consumers reported they received the care and support they require, and staff respond promptly when they require assistance. Staff said they were able to complete all required tasks and had support from management at busier times or if there was an absent staff member. Management detailed how they ascertain the levels of staff required based on current consumer needs, with contingency plans in place to replace vacant shifts. Management explained, and the roster confirmed, the service engaged agency staff and extended shift times to address unplanned vacancies.

Consumers and representatives said staff are kind, caring and respectful of consumers and their identity. Staff detailed how they showed respect to consumers and management explained through the various ways they work to instil the organisation’s values in staff. Interactions between staff and consumers were observed to be kind, caring and respectful.

Management explained, and documentation demonstrated workforce competency was supported in various ways, such as recruiting appropriately qualified and knowledgeable staff, and onboarding processes. Position descriptions outlined the minimum requirements, qualifications and experience required. Documentation reflected systems and strategies were in place to employ appropriately qualified and knowledgeable staff.

Management demonstrated that the service has appropriate systems and processes to ensure that appropriately trained and skilled staff are recruited and supported to deliver quality care and services. Staff said they are routinely engaged with learning and development through face to face and online learning modules for the roles they were hired for. Consumers and representatives said they felt staff were adequately trained to perform their roles.

Management said staff performance was assessed, monitored, and reviewed through formal appraisal processes, or through informal feedback. Management advised staff performance was reviewed following an incident or complaint and outlined strategies to support staff and staff said they have received feedback on their performance both formally and informally from management. Documentation demonstrated staff had completed a performance appraisal.

# 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 5 of the 5 Requirements have been assessed as Compliant.

Consumers advised they were engaged in the development, delivery, and evaluation of care and services. Management outlined ways consumers were engaged and supported to provide input about decisions relating to care and services, which was reflected in documentation. Consumers were involved in a committee and advisory body, which assisted the board with the development, delivery, and evaluation of care and services.

Consumers and representatives considered the service was run well. The governing body demonstrated accountability for the delivery of safe, inclusive, quality care and services in various ways, such as reviewing consolidated reports detailing the service’s performance, and monitoring mechanisms.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management said financial governance was overseen at an organisational level, with delegation authorities, expenditure guidance and a matrix in place to meet the changing needs of consumers.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Risks are reported, escalated, and reviewed by management at the service level, including the governing body. The service had processes in place to manage risk at the service, including key areas of risk that are identified, responded to, and reported in the incident management system. Staff have received training in relation to in identifying and responding to abuse and neglect of consumers.

The clinical governance framework was supported by various mechanisms, such as training, policies, procedures, reports and meetings. The service monitored infections and antibiotic prescribing practices and engaged external specialists such as pharmacists to provide insight and guidance on antimicrobial stewardship. Staff provided examples of how they implemented antimicrobial stewardship procedures in practice, minimised the use of restraint, and practiced open disclosure.

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)