Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Tarragal House |
| Service address: | 107 Karalta Road ERINA NSW 2250 |
| Commission ID: | 2794 |
| Approved provider: | Thompson Health Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 30 April 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 Tarragal House (**the service**) has been prepared by P. Sherin, 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.
* the Approved Provider’s response to the Site audit report received 13 April 2023 acknowledging the assessment team’s findings.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

Consumers said they are treated with dignity and respect, and they feel accepted and valued. Staff demonstrated knowledge of consumers’ individual circumstances, life journey and preferences. Care documentation reflects information regarding consumers’ identity, culture, and preferences. The service’s policies and procedures outline an inclusive, consumer-centred approach to delivering care and services in line with the organisation’s commitment to diversity and staff are provided training on this. The Charter of aged care rights is displayed around the service.

Consumers said their identity, culture and diversity is valued. Information regarding consumers’ background, identity and cultural preferences are captured as part of the service’s assessment process on consumers’ entry to the service. Staff were aware of consumers from different cultures and described how care and services are tailored to meet their cultural needs. Staff have access to cue cards and translation resources to communicate with consumers from a culturally and linguistically diverse background. Cultural and religious days of significance are celebrated as part of the service’s lifestyle calendar.

Consumers said the service supports them to maintain relationships, to make and communicate decisions and to choose to include others in decision-making about their care. Care planning documentation reflects information regarding consumer choices and nominated decision makers.

Consumers said they are supported to understand benefits and possible harm when making decisions about taking risks. Staff described how they support consumers who choose to engage in activities of risk by involving them in discussion and implementing strategies to manage risks and ensure consumer safety. Care planning documentation identified risk assessments and signed dignity of risk forms for consumers who take risks. Policies and procedures on dignity of risk are available to guide staff practice.

Consumers confirmed they receive information in a way they can understand, they are involved in meetings and are encouraged to ask questions about their care and services. Staff described methods used to communicate information to consumers with poor cognitive, visual, or hearing impairment, and those from a culturally and linguistically diverse background. A range of information was observed available around the service including newsletters, menus, activity calendars, brochures and noticeboards displaying information.

Consumers confirmed staff respect their privacy and maintain confidentiality of their information. Staff were observed respecting consumer privacy by knocking on doors to seek permission prior to entering and closing doors whilst providing care. Consumer information is securely stored in the service’s electronic care management system which is password protected. The service has a privacy policy to guide staff practice.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said care is well planned, and staff take the time to understand how to support consumers and to consider risks. Staff described the process of identifying and discussing risks with consumers and representatives as part of the assessment and planning of care. Care planning documentation reflects information regarding individual risks to consumers and the involvement of various health professionals in assessment and planning of care.

Consumers and representatives said care and services are planned around what is important to the consumer, and they are provided the opportunity to discuss advance care planning if they choose. Staff described how assessment and planning is completed to identify consumers’ needs, goals, and preferences. Care planning documentation includes end of life preferences and signed advance care directives to inform advance care delivery for consumers who have chosen to do this.

Consumers and representatives confirmed the service consults with them and partners with other health professionals and providers in the assessment, planning and review of consumers’ care and services. Care planning documentation evidenced integrated and coordinated assessment and planning involving various individuals, organisations, and service providers. Policies and procedures are available to guide staff in undertaking assessment, planning and review.

Consumers and representatives said the service regularly communicates with them about the consumer’s care, they are offered a copy of the care plan and staff are available to explain the care plan to them. Staff said outcomes of assessment and planning are communicated through the care management system and handover. The electronic care management system evidenced communication with staff, consumers, representatives, and other providers of care.

Consumers and representatives acknowledged they are regularly contacted to review care and services, and when circumstances change, or incidents occur. Staff described the processes for documenting changes and reporting any incidents to the clinical team for further assessment. The service’s policy requires the regular review of care plans every 3 months, including when there is an incident or changes occur in the health and condition of the consumer.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives confirmed care provided is tailored to consumers’ needs and preferences. Care planning documentation demonstrated consumers are receiving care in line with their care needs to optimise their health and well-being. For consumers subject to restrictive practice, care documentation evidenced risk assessments, authorisations and consent forms and behaviour support plans in place. Staff were able to describe individual consumers’ care needs and strategies in place to support their care. Senior clinical staff and clinical policies and procedures are available to guide staff in delivering care in line with best practice.

Consumers and representatives were satisfied that high-impact or high-prevalence risks to consumers were being managed effectively. Care planning documentation demonstrates high impact and high prevalence risks to consumers are being managed well, including but not limited to falls, pressure injuries, weight loss and challenging behaviours. Staff were aware of individual consumers’ risks and strategies in place to manage and minimise those risks. The service conducts monthly trending and analysis of clinical data to identify risks and implement improvements.

Consumers and representatives expressed confidence the service would carry out consumer end of life wishes and ensure their comfort and dignity is maintained. Care planning and assessment documentation for consumers who were palliative or at the end-of-life stage evidenced their end-of-life needs, goals and preferences had been documented and signed advanced care directives were in place. Palliative care is provided on site with access to the medical officer and local government palliative care team if a consumer is nearing end of life.

Consumers and representatives said they are satisfied the service recognises and responds to deterioration or changes in the consumer’s condition. Staff described the escalation process when recognising deterioration in line with the service’s policy. Review of care planning documentation, progress notes, and charting demonstrated deterioration in a consumer’s health, capacity, and function are recognised and responded to appropriately and in a timely manner.

Consumers and representatives said the service coordinates consumers’ care well, they are kept informed, personal and clinical care is consistent, and they do not have to repeat the consumer’s story or preferences to multiple people. Staff described various ways information is shared including via the electronic care management system, progress notes, clinical huddles, staff meetings and handover.

Staff described the service’s process for referring consumers to other health professionals and allied health services. The service provided a list of referral agencies available for consumers such as allied health, general practitioners, geriatricians, palliative care, optometrists, pastoral care, and specialist services. Care planning documentation and progress notes demonstrated input from a range of health professionals and providers to meet consumers’ needs.

Staff demonstrated knowledge of infection control measures and antimicrobial stewardship. Consumers and representatives confirmed, and the assessment team observed, staff adhering to good infection control protocol. The service maintains records for staff and consumer influenza and COVID-19 vaccinations, has a trained infection prevention and control lead and an outbreak management plan in place.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said they feel supported to pursue activities of interest to them to optimise their independence, and they are provided with appropriate supports to do so. Staff explained how they partner with the consumer and representatives to conduct a lifestyle assessment which identifies individual preferences and needs. Care planning documentation reflected individual interests and activities and information to guide staff in any adjustments required to support the consumer’s needs. The service’s activity calendar identifies a range of activities available to consumers including but not limited to trivia, morning exercises, armchair travel, concerts, and word games.

Consumers said their emotional, spiritual, and psychological needs are supported, and they can stay in touch with family and friends for comfort and emotional support. Staff described ways they support consumers’ emotional, social, and psychological needs including by facilitating connections with family. Management described how the service has a pet bird that the consumers look forward to seeing every morning as the bird joins in the medication round. Consumers have access to monthly church services, visits from church volunteers and group activities to encourage social engagement and support.

Consumers and representatives said consumers are supported to participate within and outside the service, stay connected with people who are important to them and do things of interest to them. Care planning documentation aligned with information provided by consumers, representatives, and staff regarding consumers’ continued involvement in the community and maintaining personal and social relationships. The assessment team observed married couples at the service dining together and consumers engaging in individual and group activities during the Site audit.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated within the organisation and representatives are contacted via telephone when there are any changes. Staff described ways in which they share information and are kept informed of the changing condition, needs and preferences of each consumer. Care planning documentation evidenced adequate information to guide staff in supporting safe and effective care in relation to services and supports for daily living.

Consumers said they are referred to appropriately skilled providers to add to the care provided by the service. Staff described various individuals, organisations and services they engage with to supplement lifestyle services including but not limited to hairdressers, entertainers, aromatherapy services and knitting group volunteers.

Consumers and representatives expressed satisfaction with the variety and quality of food provided at the service and said there are plenty of choices for each meal and they can request alternate options if they do not like what is on the menu. The menu is designed based on consumer and dietician input, and consumers have the opportunity to provide feedback via food focus meetings, consumer meetings, feedback forms and food surveys. Care planning documentation identified changes in a consumer’s diet or preferences and staff were familiar with individual consumers’ dietary preferences and requirements including allergies and provision of adaptive cutlery.

Consumers and representatives said they have access to equipment and resources to assist them in their daily living needs and lifestyle activities. Staff said they have access to equipment for consumers when they need and described the processes to ensure the safety, cleanliness and maintenance of equipment.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said the service is welcoming and easy to navigate. Management described features of the service that optimise consumers’ sense of belonging and interaction such as the service’s new coffee shop which encourages families to relax together and enjoy quality coffee as they would in the community. Consumers are encouraged to personalise their rooms with furniture, photographs, and items of meaning. Consumers and their family were observed enjoying private conversations and having tea together at various indoor and outdoor areas of the service.

Consumers said the service is clean and well maintained, and they can easily access indoor and outdoor areas of the service. Cleaning staff described the cleaning schedules and processes in place. The service has an on-site maintenance team for preventative and reactive maintenance, and staff were aware of processes to identify, record and report any hazards and maintenance tasks.

Consumers confirmed equipment is kept clean and any maintenance issues are attended to promptly. Consumers were observed using a range of equipment including walking frames, wheelchairs, and comfort chairs. Furniture in the communal areas was observed to be clean and in good condition and equipment was observed to be clean, well-maintained, and stored appropriately. Staff said they have access to sufficient equipment to meet consumer needs. The service maintains a preventative maintenance schedule for furniture and equipment with access to specialist contractors where required.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Consumers said they are encouraged and supported to make complaints and provide feedback, and they have no concerns talking with staff or management if they want to make a complaint. The service provides multiple methods for consumers and representatives to submit feedback and complaints, including speaking directly with management, via a formal feedback form or at consumer meetings. Information regarding complaints and feedback systems was observed available on noticeboards and in the consumer handbook.

Consumers and representatives said they are aware of how to escalate their complaint if it is not resolved to their satisfaction, such as through accessing external complaints and advocacy services. Staff described various internal and external feedback systems including advocacy and translation services available. Information on external complaints mechanisms, advocacy and translation services was observed displayed around the service and included in the welcome pack provided to consumers. Policies and procedures on feedback and complaints management, open disclosure, and advocacy are available to guide staff practice.

Consumers and representatives said management promptly responds and seeks to resolve their concerns after they make a complaint. Staff said if consumers and representatives raise an issue with them directly, they know to direct all complaints to management for investigation and follow-up. Staff were familiar with principles of open disclosure and confirmed they had received open disclosure training.

Consumers and representatives said complaints and feedback are used to improve how care and services are provided and shared examples of changes implemented at the service in response to their feedback and complaints. Management described how all feedback and complaints are reviewed to improve the quality of care and services and are linked to the service’s continuous improvement plan. Review of documentation such as the service’s complaints register and continuous improvement plan confirms this.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said they are satisfied with the number of staff and call bells are responded to promptly. Staff said they work together to ensure care needs of consumers are met. Review of rosters identifies clinical staff are available 24 hours a day, 7 days a week. Management described processes to mitigate the impact of any staffing challenges on consumer care including accessing staff via the service’s casual pool or from the organisation’s other services. The service conducts weekly call bell audits with calls over 5 minutes considered overlength and followed up for investigation.

Consumers and representatives said staff are kind, caring and gentle when delivering care. Staff interactions with consumers and representatives were observed to be kind, caring and respectful of each consumer’s identity, culture, and diversity. Management described how workforce interactions with consumers are monitored through observation, and consumer and representative feedback.

Consumers and representatives expressed confidence in staff being skilled to meet consumers’ care needs. Staff said they felt competent to provide care and services according to consumers’ need. Management advised staff are provided buddy shifts and access to ongoing education and training, and their competency is monitored via observations, performance appraisals and feedback from consumers and representatives. Position descriptions are available outlining key qualifications and knowledge requirements of each role.

Consumers and representatives said staff are well trained and know what they are doing. Management advised the service implements an annual training calendar to provide staff with mandatory training and ongoing education. Staff receive mandatory training in topics including but not limited to manual handling, infection control, fire safety and the serious incident response scheme. Review of training records identified staff have access to toolbox talks and online learning, and staff mandatory training is up to date.

Management detailed ways in which workforce performance is monitored through annual reviews, ongoing observations of staff practice, consumer satisfaction surveys and feedback received from staff, consumers, and representatives. Performance appraisals are conducted at the 6-month mark for probation and annually thereafter. The service has policies, procedures, and guidelines in relation to performance management and behavioural expectations.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Management detailed the consumer engagement process to partner in the development, delivery and evaluation of care and services including through surveys, feedback mechanisms and consumer meetings. Consumers and representatives confirmed their involvement and engagement, and said their feedback and input is sought by management and taken into consideration to improve care and services.

Management described the organisational structure that governs the delivery of quality care and services across the organisation. The service has policies and procedures promoting a culture of safe, inclusive, and quality care and detailing governing body accountability. The governing body uses information gathered from reports and clinical governance meetings to monitor the service’s compliance with the Quality Standards and initiate actions to enhance performance and improve care and service delivery.

The service demonstrated organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints management.

The service has a documented risk management framework, including policies on high impact or high prevalence risks, the abuse and neglect of consumers, supporting consumers to live the best life they can, and incident management and prevention. Staff confirmed they had received education on these topics and described how they apply these as relevant to their roles. Staff described how incidents are identified, responded to, and reported in accordance with legislation, including serious incident reporting through the serious incident reporting system.

A documented clinical governance framework has been implemented at the service and staff described processes in relation to the clinical governance framework such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong. Organisational documentation including monthly reports and meeting minutes discussed key areas of clinical care and strategies for implementing the framework.

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)