Performance

Report

**1800 951 822**

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| Name: | Terrace Gardens |
| Commission ID: | 6988 |
| Address: | 1 Kettle Street, FARRAR, Northern Territory, 0810 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 28 August 2024 |
| Performance report date: | 11 September 2024 |
| Service included in this assessment: | Provider: 6871 Australian Regional and Remote Community Services Limited  Service: 4396 Terrace 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 Terrace Gardens (**the service**) has been prepared by M Dubovinsky, 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.

# 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 10 September 2024 accepting the assessment team’s finding; and
* The performance report dated 28 June 2024 for the site audit undertaken on 21 May 2024 to 23 May 2024.

# Assessment summary

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| Standard 6 Feedback and complaints | Not fully 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 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. | Compliant |

Findings

**Requirement (3)(d)** was found non-compliant following a site audit undertaken in May 2024 where the service was not able to demonstrate all feedback and complaints were captured and used to inform improvements to the quality of care and services. The provider has implemented a range of improvement actions, including further education in relation to feedback and complaints; implemented a complaints flowchart; policy information was laminated and attached to walls in various areas of the service; complaints and feedback have been added as an agenda item for all team meetings; and the service manager now monitors feedback daily and meets with the general manager weekly to discuss feedback trends.

At the assessment contact undertaken in August 2024 the assessment team recommended the requirement met. Staff demonstrated knowledge in relation to feedback processes and provided examples of feedback being raised, resolved and used to improve services. Management described how feedback is recorded, trended and used to improve services. Feedback shows meal quality as a trend item. Management provided an example of an improvement which included an analysis of meal services and prompted a range of improvement actions. Lifestyle staff said consumer meetings are combined with food focus meetings to obtain feedback and support further improvements. Feeback is also reviewed through the monthly consumer feedback report at clinical and risk meetings and broadly at an organisational level. The consumer feedback report showed feedback was being received trended and analysed with opportunities for improvement identified and addressed.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 6 Feedback and complaints 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)