Performance

Report

**1800 951 822**

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| Name of service: | Terrace Gardens |
| Service address: | 1 Kettle Street FARRAR NT 0810 |
| Commission ID: | 6988 |
| Approved provider: | Australian Regional and Remote Community Services Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 June 2023 |
| Performance report date: | 20 July 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 Terrace Gardens (**the service**) has been prepared by M Glenn, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others; and
* the Performance Report dated 3 March 2023 for a Site Audit undertaken from 31 January 2023 to 2 February 2023.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Requirement (3)(c) was non-compliant following a Site Audit undertaken from 31 January 2023 to 2 February 2023 where processes relating to services and supports for daily living to assist consumers do things of interest to them, were not effective. The Assessment Team’s report provided evidence of actions taken to address the deficiencies identified, including, but not limited to:

* Appointment of a new activity coordinator and permanent cover of the lifestyle officer position.
* Review of existing lifestyle assessments and care planning documentation in consultation with consumers and/or their representatives.
* Review of the lifestyle calendar to allow easier planning and flexibility for consumers.
* Recommencement of external activities, including bus outings and social visits to the community.

At the Assessment Contact undertaken on 22 June 2023, staff described how they support consumers to participate in the community or engage in activities of interest to them. Consumers’ preferences and interests are considered when planning activities and participation is recorded to evaluate consumer satisfaction. Consumers said they are supported to participate in their community within and outside the service, keep in touch with people who are important to them, and do the things of interest to them.

For the reasons detailed above, I find requirement (3)(c) in Standard 4 Services and supports for daily living compliant.

# 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 non-compliant following a Site Audit undertaken from 31 January 2023 to 2 February 2023 where the service did not demonstrate feedback and complaints were reviewed and used to improve the quality of care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Appointing a new head chef and lifestyle coordinator to improve services following consumer feedback.
* Implementing a new complaints system.
* Analysing feedback and complaints to identify trends and areas of concern.
* Undertaking food and lifestyle meetings and surveys.

At the Assessment Contact undertaken on 22 June 2023, management could describe the process for monitoring complaints and feedback and how the data is analysed and used to inform continuous improvement. Several improvements have been made to improve care and services as a result of feedback received through the new systems and processes implemented. Consumers are satisfied their feedback is used to improve care and services.

For the reasons detailed above, I find requirement (3)(d) in Standard 6 Feedback and complaints compliant.

# 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 |

Findings

Requirement (3)(a) was non-compliant following a Site Audit undertaken from 31 January 2023 to 2 February 2023 where the service did not demonstrate it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Commencement of a food focus group in March 2023.
* Implementation of digital feedback system in June 2023.

At the Assessment Contact undertaken on 22 June 2023, documentation showed consumers are actively engaging with the service and make suggestions about the care and services they receive by attending meetings, completing satisfaction surveys and through the new digital feedback system. Policies and procedures guide staff on how to collect information about consumers’ preferences, needs and goals for the development of care plans. Consumers were able to describe how the organisation encourages them to be involved in the design and improvement of care and services.

For the reasons detailed above, I find requirement (3)(a) in Standard 8 Organisational governance 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)