Performance

Report

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| Name: | Thomas Eccles Gardens |
| Commission ID: | 0197 |
| Address: | 26 Mount Street, YASS, New South Wales, 2582 |
| Activity type: | Site Audit |
| Activity date: | 24 October 2023 to 27 October 2023 |
| Performance report date: | 5 December 2023 |
| Service included in this assessment: | Provider: 643 RSL LifeCare Limited  Service: 213 Thomas Eccles 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 Thomas Eccles Gardens (**the service**) has been prepared by P Golledge, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers said staff treated them with respect and dignity. Staff knew the service’s consumers personally and were respectful during interactions. Care plans included detailed information about the specific consumer, including their history, current hobbies, interests and what was important to them.

Consumers said staff showed respect for their cultural backgrounds during care delivery. Staff demonstrated an understanding of consumers’ specific cultural needs and preferences. Management reported providing training to staff in how to deliver culturally safe care.

Consumers said the service supported them to make decisions about their care, including who was involved in it. They said the service helped them maintain relationships with their friends and family. Care plans showed the service had record information about consumers’ care preferences. Management could cite the specific methods the service used to support consumers to maintain their social connections.

Consumers said the service supported them to live how they wanted, which included taking risks they chose. Care files showed evidence that the service had conducted risk assessments about consumers’ specific risks and communicated relevant information back to consumers. The service had policies to guide staff in supporting dignity of risk.

Consumers said the service’s communication with them was timely and clear, and this enabled them to make informed choices. Lifestyle staff demonstrated the various channels through which they informed consumers about their care. Pamphlets, newsletters and other communications material was observed in various locations around the service.

Consumers said that staff respected their privacy and confidentiality. During interview, staff knew the service’s protocols for protecting consumers’ privacy. The service’s Privacy Policy gave clear direction to staff about how to protect consumers’ privacy and maintain their confidentiality.

# 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

Consumers and representatives say they are involved in the assessment and planning of their care. Care documentation includes individual risks such as falls, pain, pressure injury and changed behaviours. Care documentation demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care and actions taken where risks are identified. Policies, procedures guide staff practice.

Assessment and care planning, inclusive of end of life wishes for consumer’s needs and preferences is undertaken at time of admission. Care documentation includes advanced care plans which capture the consumer’s wishes and preferences for their end-of-life care preferences.

Care documentation is formulated in consultation with consumers and representatives and other health providers. Consumers are referred to specialist services who provide clinical consultancy for residential aged care for further advice on care planning. Care documentation confirmed partnership and input into the assessment and planning process.

Consumers and representatives say needs and preferences are effectively communicated between staff and consumers are informed of the outcomes of assessment and planning. Representatives say they receive a copy of the consumers care plan and regular updates on consumers well-being. Staff demonstrated they receive relevant and current information about consumers during handover processes and information regarding consumers’ care needs and preferences is readily accessible on the electronic care management system.

Cares and services are reviewed every 6 months or as needed, and consumers are informed of any changes to their care. Procedures define the schedule of care plan reviews. Care documentation demonstrated they are reviewed in accordance with policies and procedures and where care needs change. Management demonstrated care reviews are monitored for concurrency and completion.

# 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

Consumers and representatives considered consumers received personal care and clinical care that is safe, right for them and in accordance with the consumers’ individual needs and preferences. Consumers and representatives said they had access to a Medical Officer and other health professionals as needed; and confirmed staff recognise and respond to changes in the consumers health and wellbeing in a timely manner.

Consumers and representatives expressed satisfaction that consumers’ needs, and preferences were effectively communicated between staff.

Care documentation for consumers demonstrated effective assessment, management and evaluation of restrictive practices, skin integrity, changing behaviours and pain. Where restrictive practices are used, assessments, authorisation, consent, and monitoring were demonstrated.

Behaviour support plans are in place for consumers who are subject to restrictive practices and the service maintains a psychotropic medication register identifying consumer diagnosis, medications prescribed, whether medication used constituted a restrictive practice and consumers who have had their medications reduced or ceased.

Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer’s condition and clinical pathways are available to guide staff in identifying and responding to a change or deterioration in consumers’ conditions.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care documentation identified consumers at risk, and staff were able to describe risks to the consumers including falls, skin integrity, pain management and behaviour management and the risk mitigation strategies that are used for these. The service review, trend and analyse clinical incident and quality indicator data which is reported within the organisation and to external bodies.

Staff described the ways in which information was shared amongst staff, which included within the electronic care management system, handover, and staff meetings.

The service was able to demonstrate minimisation of infection related risks through standard and transmission-based precautions to prevent and control infection, and through antimicrobial stewardship.

# 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

Consumers and representatives said consumers are engaged in a variety of leisure and lifestyle activities based on consumers individual needs and interests. Services and supports for daily living optimise consumers’ emotional, spiritual, and psychological well-being.

Care documentation demonstrated assessment processes capture who and what is important to individual consumers to promote their well-being and quality of life, and included information about external services, individuals and community volunteers who support consumers to maintain their interests.

Staff were able to describe what is important to consumers, what is of interest to them, and their social, emotional, cultural, and spiritual needs.

Staff described how changes in consumers’ care and services needs or preferences are communicated within the service, and with other health care providers as required.

The service was able to demonstrate timely and appropriate referrals occurred for consumers, to individuals, other organisations and providers of other care and services. Lifestyle staff described how the service works in conjunction with external parties and organisations to supplement the services and supports for daily living offered to consumers.

Consumers provided positive feedback in relation to the meals and reported having input into the menu. Consumers dietary needs and preferences are accommodated, and staff demonstrated an awareness of consumers’ nutrition and hydration needs and preferences which are available and recorded within the electronic care management system.

Consumers reported feeling safe when using equipment and knew how to report any concerns they may have about the safety of the equipment. The service demonstrated effective arrangements for purchasing, servicing, and maintaining equipment. Mobility and lifestyle equipment were observed to be clean and 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

The service environment was observed to be welcoming, and easy to move around, both inside and outside. Consumers were observed to move freely around communal and garden areas of the service; and consumer rooms were personalised and decorated to reflect their individuality.

Consumers said the service regularly cleaned and maintained their rooms and the common areas within the service. Staff reported on the service’s operating procedures for cleaning and maintenance, and these procedures were appropriate. During the Site Audit, the service environment was observed to be safe, clean, and well maintained with clear pathways and well-lit corridors.

The service demonstrated the environment, furniture, fittings, and equipment was safe and well maintained through scheduled preventative maintenance and reactive maintenance and maintenance issues were reported and actioned promptly. The service was able to demonstrate processes for fixing or replacing furniture, fittings or equipment that were unsuitable or broken. Staff reported there is sufficient equipment to allow them to deliver quality service.

# 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

Consumers said the service supported them to provide feedback or raise complaints if they wanted to. The service provided several options for consumers to raise feedback and complaints, including face-to-face, through feedback forms and during meetings. Management advised it encouraged staff at the service to raise their own concerns and feedback if they felt the need.

Consumers said they were aware of the advocacy services available to them if they wanted external support to raise complaints. The service provided multiple resources to support consumers to raise complaints. The service’s Diversity and Inclusion Policy set out its commitment to support consumers to raise complaints through external services.

Consumers said the service responded appropriately to their complaints and feedback. Staff and management could describe specific actions the service took in response to complaints, and these included using open disclosure. Review of the services complaint’s records confirmed the service acted appropriately in response to consumer feedback.

Consumers said they had seen improvements at the service in response to their feedback and complaints. Management could give examples of improvements the service had made in response to complaints. The service had a Feedback and Complaints Handling and Resolution Policy and Procedure which outlined the expectation that information gathered from feedback and complaints was to be used to inform the service’s Plan for Continuous Improvement (PCI).

# 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

Staff interactions with consumers were observed to be kind, caring and respectful and this was confirmed by consumers and representatives. The service demonstrated effective policies, processes, and systems in place to implement recruitment, training, and performance management of staff.

Consumers and representatives said staff are available when needed and attend quickly in response to call bells. Consumers said staff and management are kind, caring and treat consumers well. Consumers and representatives said staff had the knowledge and skills required to provide quality care and services.

The service provides new staff with an orientation and there is a requirement to complete specific mandatory training on commencement and annually. Staff said they have access to toolbox education sessions, online training modules, and various education sessions provided by the organisations Regional Manager and Quality Manager. Recruitment and training records showed the service recruited, trained, and supported its workforce to perform their roles.

The service has processes in place to regularly, assess, monitor, and review staff performance against established requirements for their roles. The service has a workforce governance and management framework that includes documented policies, procedures, and guidelines for staff practice in relation to expected behaviours or conduct, including an employee appraisal procedure and support from the organisation’s leadership team.

# 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

Management described various ways consumers are supported to be engaged in the development, delivery and evaluation of care and services. This occurs through discussions during consumer care plan reviews, feedback and complaints forms, bi-monthly consumer meetings, and food forums.

A range of governance, risk and incident management systems and processes are in place to ensure the delivery of safe, quality care and services.

There is a governing body and an executive quality and compliance team. Regular meetings are held, and information is reviewed including clinical and incident data, trend analysis, risk reporting; financial and operational matters are discussed. This information is used to ensure the service’s compliance with the Aged Care Quality Standards, to enhance performance and mitigate risk and to monitor and take accountability for care and service delivery.

There are effective systems and processes to support information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

The service has policies outlining how to manage high impact and high prevalence risks, abuse and neglect, choice and decision making and the reporting and management of incidents. Staff are aware of these policies and described how they would apply them practically in the course of their work. The service’s incident documentation demonstrated incidents have been reported in a timely manner and in accordance with reporting requirements.

There is a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff have received education across a range of topics including clinical care and this is delivered via the mandatory education program, toolbox sessions, online modules, and ongoing education and training provide by the organisation. Staff were familiar with the relevance of these policies to their roles.

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)