Performance

Report

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| Name of service: | Touriandi Limited |
| Service address: | 4 Borah Road BINGARA NSW 2404 |
| Commission ID: | 0270 |
| Approved provider: | Touriandi Limited |
| Activity type: | Site Audit |
| Activity date: | 4 October 2022 to 6 October 2022 |
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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 Touriandi Limited (**the service**) has been prepared by Ms D. McDonald, 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

Consumers said they were always treated with dignity and respect, and they felt accepted and valued regardless of their needs, ability, gender, age, religion, spirituality, mental health status or background. Staff described what treating consumers with dignity and respect meant in practice, and what they would do if a consumer’s dignity wasn’t being respected. The service’s policies and procedures set out an inclusive, consumer centred approach to delivering care and services and explained the organisation’s commitment to diversity.

Consumers gave examples where staff had delivered culturally safe care and made them feel at ease. Staff described how they adapt the way care and services were offered so they were culturally safe for each consumer. Policies, procedures, and guidelines set out an inclusive, consumer-centred approach to care and service delivery. Records showed the service had sought the opinions of consumers and their representatives about how they might improve the cultural safety of care and services.

Consumers said the service supported them to make decisions about their care and they could change these decisions at any time. Consumers and representatives said they had as much control over the planning and delivery of care and services as they wanted. Staff gave examples of how they helped consumers make day-to-day choices and maintain relationships. Management explained how they always try to support consumers’ choices and independence and they reach an agreement if they can’t meet their choice or preference.

Consumers said the service understood what was important to them and were not judgemental about choices they made involving risks. They felt supported to understand the benefits and possible harms before making decisions about activities involving risks. Staff described how they supported consumers to exercise choice and take risks, to live their best life. Records showed the service used standard risk assessment tools and all decisions involving risks were documented in the consumer’s file.

Consumers and representatives confirmed they got current and accurate information in a way they could understand. Consumers said there were multiple ways they received information and were always encouraged to ask questions. Staff described different ways information was communicated so it was easy to understand, particularly for consumers with poor cognition or those who needed hearing assistance. Management described the process of collating and disseminating current, accurate and timely information to consumers.

Consumers said the service protected the privacy and confidentiality of their information and their care and services were undertaken in a way that respected their privacy. Consumers confirmed their personal space and privacy was respected when their friends, partners or significant others visited. Staff gave examples of how they maintained the privacy of consumers when delivering care such as by knocking and seeking permission to enter rooms and closing doors and blinds to deliver personal care. Consumer information was kept in a password protected electronic care management system.

# 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 said their care was well planned and they felt safe and confident because the service took the time to assess how best to support their health and well-being. Staff could describe the assessment and care planning processes and how they informed safe and effective care and services. Consumers’ care plans showed the assessment process considered risks to their health and used standardised assessment tools and clinical expertise to ensure care and services were safe and effective.

Consumers said assessment and planning identified and addressed their current needs, goals and preferences, as well as end of life preferences, if they wanted. Consumers and their representatives could choose to complete advance care directives which were stored on file and in the electronic care management system. Staff involved in assessment and planning described how the process was undertaken to meet the consumer’s needs, goals, and preferences. Policies and procedures supported staff take a consumer centred approach to the assessment and planning of care and services.

Consumers and their representatives confirmed they were actively involved in the assessment, planning and review of their care and services. Staff described how they partnered with consumers and their representatives to assess, plan and review care and services. Care documentation showed integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers.

Consumers and representatives said staff had clearly explained their care plan to them and they knew they could request a copy if they wanted one. Staff could describe the processes for documenting the outcomes of assessment and planning and how they explained it to consumer’s and their nominated representatives and provided them with a copy of their care plan, if they requested one.

Consumers and representatives said the service regularly reviewed their care plans, consulted them and updated their plan to meet changing circumstances, or when incidents impacted their needs, goals, and preferences. Care plans showed evidence of regular reviews. When circumstances changed, or an incident occurred, staff with relevant skills and qualifications reviewed the plans to ensure they continued to be effective in meeting the needs, goals and preferences of the consumer.

# 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 said they received safe and effective care that met their needs and optimised their health and well-being. Staff were familiar with the personal and clinical care needs of individual consumers and how to access their current care plan. Care documentation evidenced best practice, safe and effective care, customised to each consumer.

Consumers and representatives said the service managed high impact and high prevalence risks to each consumer. Management identified the high prevalence and high impact risks at the service and explained the management strategies. Documentation showed appropriate actions were taken in relation to managing behaviours, restrictive practices, falls, medication, skin integrity and pain. The service had policies, procedures and tools in place to support the delivery of best practice clinical care.

Consumers expressed confidence that when they needed end of life care, they would be supported to be as free from pain as possible, to have those important to them close by and to have their social, cultural, and religious and spiritual preferences respected. Staff explained how they followed an end-of-life pathway when a consumer was near the end of life and attended to mouth care, skin care, repositioning, and personal hygiene to prioritise their comfort and dignity. Clinical management said families were encouraged to be present through the end-of-life care of the consumer. Care documentation contained advance care directions and end of life wishes for those consumers who had provided them.

Consumers and representatives were confident staff would detect a change or deterioration in their condition, health or abilities and would respond quickly and appropriately. Staff said they knew consumers health status well and could identify signs of deterioration or change in their condition. Staff gave examples of types of changes in consumers’ condition, health or abilities and described how they would identify and respond. Consumers’ clinical records showed changes in condition were recognised and responded to in a timely manner.

Consumers and representatives said the service documented their care well, they were fully informed, and they don’t have to repeat their information to multiple people. Consumers said they benefited by the service sharing information with different agencies working together to support them. Staff described how accurate, up-to-date, and relevant information is shared with others, as consumers move between care settings, such as the service and hospital. Care plans showed regular updates, reviews and communication alerts and hand over sheets contained current and accurate information relating to consumers’ health.

Consumers and their representatives said the service referred them to appropriate providers to meet their changing care needs and they were satisfied with the care delivered through referrals. Staff described how the consumer was actively involved in decisions about referrals and how consent was obtained. Care documentation showed the service collaborated with various other providers of care and services and consumers were referred promptly, when needed.

Consumers and representatives were confident in the services ability to manage an infectious outbreak and had been given information on how to minimise the spread of infections. The service had an outbreak management plan and appointed an Infection Protection Control (IPC) staff member. Staff had received training on infection minimising strategies including hand hygiene, the use of personal protective equipment (PPE) and outbreak management. Records showed 100% of staff had been appropriately vaccinated. All staff understood the need to minimise the use of antibiotics and care documentation and policies showed the service took steps to minimise antibiotic use. Data was collected and used to monitor infections and resolution rates.

# 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 were satisfied the service supported them to do the things they wanted to do and said the supports for daily living had improved their independence, health, well-being, and quality of life. Staff could describe how they supported consumers’ needs, goals, and preferences to promote their independence and quality of life. Documentation reflected strategies and actions to deliver supports for daily living that reflected the diverse needs, goals and preferences of each consumer.

Consumers said they felt connected and engaged in meaningful activities that were satisfying to their spiritual, emotional, and psychological well-being. Staff could describe how they supported the emotional, psychological, and spiritual well-being of individual consumers and this was consistent with the information in consumer’s care plans.

Consumers said they had an active social life and were supported to maintain personal relationships and take part in community activities and events. Staff described how they worked with other organisations, advocates, community members and groups to help consumers follow their interests and maintain community connections. Records showed the service sought consumers’ input to design the lifestyle program and supports for daily living and continually adjusted the program to reflect the consumer’s changing needs, goals, and preferences.

Consumers and representatives said they could consent to information about their condition, needs and preferences being shared within the service and with other organisations and individuals involved in their care and services. Consumers felt they benefited from different organisations working together and sharing information about them. Staff explained how accurate, up-to-date, and relevant information was communicated between those involved in consumers’ support services.

Consumers and representatives said the service referred them promptly to appropriate other individuals, organisations to meet their changing needs goals, or preferences. Care documentation showed the service collaborated with other individuals and organisations to provide timely and appropriate care and services to consumers. Staff described how they actively involved the consumer in making referrals to other services provided consent is obtained.

Consumers stated the meals provided were a good size, tasty, and looked appetising. They said they could choose from a variety of healthy meals, snacks, and drinks and could participate in planning the menu. The meal service was observed to be comfortable and not rushed with consumers receiving appropriate assistance in a dignified manner. Staff said they will get consumers something to eat or drink at any time of the day if they wished. Staff demonstrated awareness of consumers’ dietary needs and preferences, and this was consistent with the care documentation. The service had documented systems for ordering, storing and preparing food and drinks to ensure their safety, quality and suitability.

Management described how they planned and followed maintenance and cleaning routines for equipment provided by the service. The service completed risk assessments before they provided equipment to consumers. Consumers and representatives said the equipment was clean, suitable for their needs and they felt safe when using it. Records indicated the service had suitable arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment. There was evidence equipment was used, stored, and maintained in line with manufacturers’ instructions. Staff described their shared responsibilities for the safety, cleanliness, and maintenance of equipment.

# 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

Consumers and representatives confirmed the service was welcoming, it was easy to find their way around and they felt at home. Management could describe features of the service that optimised consumers’ independence, interaction, and function. Observations showed there was clear signage, pictures and floor markings to assist consumers to navigate around the service. There were spacious courtyards and covered outdoor seating areas with well-maintained outdoor furniture.

The service was observed to be safe, clean and well maintained and consumers were moving around freely indoors and outdoors. Consumers and representatives said they could move around the service and were very happy with the cleanliness and maintenance of the service. Cleaning staff said they worked to a schedule with one cleaner rostered daily and laundry staff also trained in cleaning and able to assist where needed. The maintenance manager explained they were a qualified plumber, and they implemented a preventative maintenance schedule and maintained the grounds.

Consumers and representatives said the equipment, fittings and furniture was safe, well-maintained, and suitable for their needs. Staff described how shared equipment was cleaned and maintained between uses. In the event of staff identifying an issue with the equipment, they tagged the equipment as being ‘unsafe for use’ and completed a hardcopy maintenance request form for the maintenance manager to action. The furniture, fittings, and equipment were observed to be safe, clean, well-maintained and suitable for 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

Consumers and representatives confirmed they were encouraged to give feedback and make complaints and felt comfortable to do so. The service had a documented policy and systems to continually encourage and record consumer feedback and complaints. Consumers and representatives said they knew how to raise issues or concerns through various channels. Consumers said they were provided with information on advocacy and language services and alternative ways for raising and resolving complaints. Management provided an overview of information about translation, advocacy, and support services provided to consumers. Staff were able to describe the actions they would take to support consumers to make complaints or give feedback.

Consumers and representatives confirmed management was responsive to any matter they raised and took appropriate action, including using open disclosure. Management described how they investigated and responded to feedback and complaints, and used open disclosure when things went wrong. An electronic management system supported the feedback and complaints process, along with written policies, procedures and training. The system generates alerts if corrective actions aren’t completed in a timely manner. Meeting minutes and quality reports demonstrated feedback and complaints were logged and responded to appropriately and open disclosure was practiced.

Consumers and representatives said management was responsive to their feedback and complaints and they used them to make improvements at the service. Management described how feedback and complaints informed the continuous improvement process. Records confirmed staff were trained and supported to foster a culture of continuous improvement and use feedback and complaints to identify areas of improvement. There were systems in place to record consumer feedback and identify actions on the continuous improvement plan.

# 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

Management could show the workforce was planned and the number and mix of staff was adequate to meet the needs of the consumers. Consumers and representatives said they thought there were enough staff at the service. Whilst some consumers and representatives said staff seemed busy, they said they were still meeting their needs. Management described how they plan the workforce by having a base roster for the different staff designations needed to cover the care needs of consumers. A continuous improvement plan action was in place to recruit and retain additional staff. Staff said during busy times, they worked as a team to complete tasks and meet consumers’ needs.

Consumers and representatives said staff were always kind, gentle and caring when providing care. Staff were observed to greet consumers warmly and always use their preferred name. Staff demonstrated they were familiar with each consumer's individual needs and identity. Documented policies and procedures set out how care was to be delivered in a respectful, kind and person-centred manner.

Consumers and representatives said staff were competent, performed their duties effectively and they were confident staff were sufficiently skilled to meet their care needs. Management said staff were required to complete role-based refresher training annually and this was monitored centrally and followed up by management at the service. Position descriptions set out the key competencies, and essential or desirable qualifications, for each role. Staff were required to have the relevant qualifications, certifications and checks prior to commencement.

Consumers and representatives were satisfied the service trained, supported and prepared its workforce and they had confidence in the ability of staff to deliver their care. Staff said they received adequate training, support, professional development, and supervision to carry out their roles effectively. Staff explained training was ongoing and included online training and face to face sessions. All new staff received an induction and orientation to the service and organisation.

Management described how it regularly monitored and assessed the performance of staff including through regular performance appraisals and probation periods. Information from the performance appraisals was used to guide future training and the staff development program. Management maintains records of staff completing performance appraisals and follows up staff who have missed an appraisal. Personnel files showed performance management and additional training was undertaken when needed.

# 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 explained how consumers and representatives were supported to be engaged in the development, delivery and evaluation of care and services. Consumers and representatives said they felt involved as a partner in determining the care and services provided. Consumers and representatives were engaged through a variety of ways including monthly consumer meetings, satisfaction surveys, care planning conversations and conferences, and a feedback and complaints management system.

Management described how the organisation had implemented systems and processes to monitor the performance of the service and to ensure the governing body was accountable for the delivery of safe, inclusive, and quality care and services. The Board and executive management had developed corporate strategic priorities for the next five years. Management advised they reported key data monthly to the Board such as high impact and high prevalence risk, incidents, serious incidents, complaints and clinical indicators. The processes and strategies discussed by the Board, were fed back to the service. The Board provided oversight of the service to ensure they were meeting the Quality Standards and the quality of care delivered was best practice.

Management described how the organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. Management said compliance with the governance systems was monitored through the risk management system and the organisational governance system. Written policies and procedures were available to assist staff understanding and support the implementation of the organisation’s governance arrangements.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff confirmed they had received training on these topics and could give examples of how they related to their work. Staff had a sound knowledge of various risk minimisation strategies, including those to prevent falls, infections, manage challenging behaviours and minimise the use of restrictive practices. Management described how incidents were analysed and used to identify risks to consumers and inform improvement actions.

The service had a documented clinical governance framework with accessible policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff explained they had received training and gave examples of how these policies applied to their work. Care plans, progress notes, and incident reports confirmed open disclosure was practiced and the policies were adhered to by the service.

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)