Performance

Report

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| Name: | William Beech Gardens - Bushmaster |
| Commission ID: | 2648 |
| Address: | 1 Madline Street, Condobolin, New South Wales, 2877 |
| Activity type: | Site Audit |
| Activity date: | 28 November 2023 to 1 December 2023 |
| Performance report date: | 5 January 2024 |
| Service included in this assessment: | Provider: 643 RSL LifeCare Limited  Service: 1007 William Beech Gardens - Bushmaster |

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 William Beech Gardens - Bushmaster (**the service**) has been prepared by Denise 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 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 considered they were treated with dignity and respect. Staff described how they treated consumers in a dignified manner, with respect to their individuality. Care documentation included information about consumers’ background and ways to support consumers.

Representatives considered consumers’ cultural background was respected. Staff demonstrated an understanding of consumers’ specific cultural needs and preferences, and described how they provided culturally safe care and services. Policies and procedures outlined the commitment to provide an inclusive environment.

Consumers and representatives said consumers were supported to make and communicate decisions about care and services. Management and staff described how they supported consumers to communicate their decisions and maintain relationships of choice. Consumers were observed maintaining connections and relationships.

Management advised consumers were supported to have control over their life by doing things with an element of risk, and assessments were conducted to identify risk mitigation strategies as evidenced in care documentation. Staff described how they supported consumers to take risks in their everyday life, and ways they mitigated these risks.

Consumers said they were provided updates and relevant information which helped them make informed decisions. Management and staff described how they communicated information to help consumers exercise choice, such as through meetings and providing informational material.

Consumers said staff were respectful of their privacy. Staff explained how they respected consumers privacy and maintained the confidentiality of personal information. Staff were observed following privacy protocols, and a policy was in place which outlined responsibilities in maintaining consumer privacy and 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

The Service was found non-compliant in Standard 2 in relation to Requirement 2(3)(e) following an assessment contact on 27 June 2023. Evidence in the site audit report dated 28 November to 1 December 2023 supports that Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Staff described how they considered risks to consumers’ health and well-being to inform the delivery of safe, effective care and services through assessment and planning processes. For example, staff said they used validated assessment tools and referred consumers to specialists to provide input in assessment and planning processes. Care documentation evidenced risks to consumers were considered and risk mitigation strategies were in place. Policies, procedures, and guidelines were available to support staff in assessment and planning processes.

Consumers and representatives reflected consumers’ needs, goals, and preferences were identified and addressed during assessment and planning processes, and included advance care directives, as evidenced in care documentation. Management and staff described how they approached advance care and end of life planning, and if consumers and representatives wished to discuss the matter at a later time, staff would revisit the conversation during subsequent care plan reviews.

Consumers and representatives said they were involved in assessment and planning processes on an ongoing basis, and management and staff described how they involved consumers and others during care planning. Care documentation demonstrated consumers and others responsible for care were involved in ongoing assessment and planning processes.

Consumers and representatives said staff explained care planning outcomes to them and were offered a copy of the care plan. Staff described how they communicated the outcomes of assessment and planning with consumers and others responsible for care, such as through verbal updates and shift handover processes.

Management described the overarching processes and systems in place to support the regular review of consumers’ care and services, such as policies and procedures, checklists, team meetings, and monitoring mechanisms. Management advised care and services were regularly reviewed to determine if they were effectively supporting consumers, including when circumstances changed, or incidents occurred. Care documentation evidenced care and services were regularly reviewed, and changes or incidents impacting consumers were investigated for potential contributing factors.

# 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

The Service was found non-compliant in Standard 3 in relation to Requirement 3(3)(b) following an assessment contact on 27 June 2023. Evidence in the site audit report dated 28 November to 1 December 2023 supports the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers and representatives said consumers received the care they needed and gave positive feedback on how personal and clinical care was managed. Staff described how they tailored care and services for individuals and demonstrated knowledge of consumers personal and clinical care needs. Policies, procedures, guidelines, and tools were in place to support staff in the delivery of personal and clinical care.

Effective management of high impact and high prevalence risks, including in response to incidents, were supported by overarching systems and processes such as an educational program, training, risk assessments, team meetings, and monitoring mechanisms. Management and staff identified high impact and high prevalence risks, such as falls, and described how they assessed, monitored, reviewed risks and implemented strategies. Care documentation evidenced assessments, observations, referrals, and investigations were completed to identify and address high impact, high prevalence risks.

Care documentation, for a consumer who had recently passed away, evidenced the consumer was kept comfortable. Staff outlined the ways they supported consumer’s comfort and dignity during end of life, by attending to personal care, pain management, providing emotional support and playing the consumer’s favourite music. A policy guided staff in the delivery of palliative care.

Staff said they often worked with the same consumer, and due to familiarity with the consumer they were able to promptly identify any changes, such as decrease in appetite, weight loss, or changes in mobility. Staff described other ways changes or deterioration in consumers were identified, communicated, and responded to in a timely manner such as through shift handovers and updating care plans, and staff were observed following this in practice. A policy provided guidance in the identification and response to deterioration or changes in consumers.

Management and staff described how they shared information within the organisation and with other providers of care, such as through progress notes, referrals, and meetings. Documentation demonstrated information was up to date and shared with others to inform the delivery of care and services.

Consumers and representatives said referrals were completed in a timely manner, and consumers had access to relevant health professionals, as reflected in care documentation. Management said referrals were documented and monitored to ensure referrals were promptly completed, and policies were in place to guide staff in completing referrals.

Management and staff described how they prevented and controlled infection related risks and promoted appropriate antibiotic prescribing. For example, staff said they wore personal protective equipment to minimise infection related risks and obtained pathology results to support appropriate antibiotic prescribing. Staff were observed following infection control practices.

# 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 had access to a variety of activities and supports which met their needs and preferences and optimised their quality of life. Staff advised they tailored activities, services, and supports to meet the diverse requirements of the consumer cohort by asking consumers for feedback. Care documentation contained information about consumers’ life history, interests, and preferences, and ways to best support them.

Staff described how they supported consumers spiritual, emotional, and psychological well-being by facilitating access to relevant services and supports, which aligned with observations. Staff said they referred to care plans to identify how to best engage with consumers, and described how they provided emotional support, such as spending one on one time with consumers. Care documentation identified ways to support consumers well-being in line with their needs and preferences.

Consumers and representatives reflected consumers were supported to participate in their communities, have social and personal relationships, and do things of interest. Staff said they encouraged consumers to attend activities within and outside the service, welcomed visitors, and helped consumers keep in touch with people important to them. Care documentation described how to support consumers’ interests, social and community participation, and relationships of importance.

Staff described how they communicated information about consumers to inform the delivery of care and services, such as through verbal updates, and updating care documentation. Staff were observed communicating information about consumers during shift handover processes, with information readily available for staff as appropriate.

Consumers said referrals were timely and appropriate. Consumers, representatives, and staff described different services and supports available to consumers such as volunteers and church service. Care documentation reflected consumers were supported by other individuals, organisations, and providers of care and services.

Consumers and representatives reflected meals were of good quality and portion size, with various options available. Staff said consumers were able to request alternative meals if options were not to their preference, and consumer feedback was incorporated into the menu as evidenced in meeting minutes. Care documentation included consumers dietary requirements and preferences to assist with the catering of appropriate meals.

Staff said equipment was readily available to support consumers and described the processes in place to log maintenance concerns and keep equipment safe and clean. Staff said they completed checks on equipment, in addition to testing conducted by external contractors. Documentation evidenced preventative and reactive maintenance was attended to in a timely manner.

# 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 said the service environment was welcoming, easy to understand, and contributed to consumers’ sense of belonging and independence. Staff said they got to know consumers and those important to them to learn how to best interact with them, and to make them feel welcome and comfortable. The service environment was observed to be easy to navigate with clear signage, and wide hallways to assist consumers free movement.

Consumers and representatives said the service environment was kept clean and well-maintained, and consumers were able to move freely within and outside the service environment. Staff described the cleaning schedule and maintenance processes in place. Documentation demonstrated cleaning and maintenance was undertaken in a manner consistent with staff feedback, and promptly completed. The service environment was observed to be clean and well maintained, and consumers were freely move around the service environment.

Consumers and representatives reflected furniture, fittings, and equipment were clean and maintained. Staff described processes in place to maintain furniture and equipment, and documentation evidenced reactive and preventative maintenance were attended to in a timely manner. Furniture and equipment were observed to be clean, safe, and well-maintained 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 others, such as staff said they were comfortable in raising concerns or giving feedback. Management described the various ways consumers and others were encouraged to provide feedback or make a complaint, such as through feedback forms, verbal feedback, and during meetings. Information was displayed to inform consumers and others of their feedback and complaints options, including external complaints resolution pathways.

Consumers and representatives said they were aware of advocacy and interpreter service, and other ways to address complaints. Management said they informed consumers of advocacy and interpreter services through informational material, such as flyers and brochures, as observed.

Staff described how they would respond to complaints and demonstrated knowledge of open disclosure principles. Documentation evidenced complaints were resolved using an open disclosure process. For example, complaints were investigated and impacted parties were informed of its progress, an apology provided, and actions implemented to resolve matters. Management advised training and policies were available to guide staff in using an open disclosure process.

Management said all feedback was seen as an opportunity to improve care and services. Complaints documentation and the service’s continuous improvement plan evidenced feedback and complaints were reviewed to inform improvements to care and services. For example, improvements were made to the quality of meat based on consumer feedback.

# 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

The Service was found non-compliant in Standard 7 in relation to Requirement 7(3)(e) following an assessment contact on 27 June 2023. Evidence in the site audit report dated 28 November to 1 December 2023 supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers considered there was sufficient staff available to meet their needs, and staff reflected they were able to complete their duties in a timely manner. Management described how they maintained oversight of workforce planning and management, for example, monitoring call bell data to determine if there were periods of time when consumers needed more assistance. In addition, management described the contingencies in place to account for unplanned leave. Rostering documentation evidenced a mix of staff were deployed across different service delivery areas, with all shifts filled.

Consumers and representatives said staff were kind, caring, and respectful. Staff described how they treated consumers with kindness and respect and referred to care plans for guidance about consumers’ backgrounds and specific needs.

Management said they ensured staff were competent and suitably qualified through recruitment verification processes, and subsequent induction and training provided to staff. Management said, and documentation demonstrated checks were undertaken to verify staff had the appropriate registrations and qualifications required for their respective role in alignment with position descriptions.

Management said a recruitment policy informed the process in selecting suitable candidates with expected behaviours, knowledge and competency to perform the respective role. Management said staff were provided training upon induction to the service and on an annual basis. Documentation evidenced training was provided covering various topics relevant to these standards, such as elder abuse and incident management.

Management said they maintained oversight of staff performance through scheduled formal performance appraisals, feedback from others, monitoring training completion, and observations. In addition, management said they monitored the performance of agency staff through induction processes, training and competency checks. Staff said they received a performance appraisal on an annual basis, and documentation demonstrated overall appraisals were up to date, with a plan in place to address outstanding appraisals.

# 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

The Service was found non-compliant in Standard 8 in relation to Requirement 8(3)(c) and Requirement 8(3)(d) following an assessment contact on 27 June 2023. Evidence in the site audit report dated 28 November to 1 December 2023 supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers reflected they were encouraged and supported to provide input about care and services, such as through consumer and representative meetings. Management described how consumers were engaged in the development, delivery, and evaluation of care and services, through feedback and complaints mechanisms, surveys, meetings, and case conferences. Documentation evidenced consumers were supported to provide feedback about care and services, such as catering, cleaning, and lifestyle matters.

Management advised the board maintained oversight of the service and accountability for care and services delivered through reporting processes, organisational structures, committees, and audits. Reports were provided to the board to discuss and make recommendations, as reflected in meeting minutes, and covered aspects relating to service delivery such as clinical indicators, feedback, and incidents. A policy established the responsibilities of the board in maintaining oversight of safe, inclusive and quality care and services.

Effective organisation wide governance systems were in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. The governance systems were supported by reporting requirements, monitoring mechanisms, training and education, policies and procedures, and implementation of a plan of continuous improvement. For example, the governance of information management was supported by a privacy policy and procedures, and staff described how they would implement these in practice, such as maintaining up to date, securely stored and shared information.

Management explained how they maintained oversight of high impact, high prevalence risks, for example, through daily clinical meetings, clinical indicator and incident trending, and reporting mechanisms. The organisation’s chief risk officer oversaw high risk incidents and visited the service to monitor staff implementation of risk mitigation strategies, and to monitor staff understanding of incident management requirements. Management and staff explained how they would respond to and manage risks associated with consumers’ care, while supporting consumers to live the best life can. Policies, procedures, and training were in place to support effective risk management, such as identifying and responding to abuse and neglect. The incident register evidenced reportable incidents were appropriately identified, documented, managed and referred to the Commission, under the Serious Incident Response Scheme (SIRS) within the appropriate timeframe.

The clinical governance framework was supported by policies, procedures, and training relating to but not limited to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management and staff described what they would do to support antimicrobial stewardship, minimising the use of restraint, and practicing open disclosure.

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)