Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Bundaleer Gardens Hostel |
| **RACS ID:** | 0434 |
| **Name of approved provider:** | Bundaleer Care Services Ltd |
| **Address details:** | 142a Cameron Street WAUCHOPE NSW 2446 |
| **Date of site audit:** | 30 September 2019 to 04 October 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 04 November 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 19 November 2019 to 19 November 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Not Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Not Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 10 January 2020 | |
| **Revised plan for continuous improvement due:** | By 19 November 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Bundaleer Gardens Hostel (the Service) conducted from 30 September 2019 to 4 October 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 26 |
| Consumer representatives | 9 |
| Management | 9 |
| Clinical staff | 6 |
| Care staff | 14 |
| Hospitality and environmental services staff | 7 |
| Lifestyle staff | 3 |
| External contractors | 0 |
| Visiting service providers such as allied health professionals | 1 |
| Other | 0 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation meets four of the six requirements under Standard 1.

The results of consumer experience interviews show 100% of consumers are treated with respect always or most of the time. 94% of consumers agreed the staff are caring and kind always or most of the time. Many consumers and their representatives stated the staff are kind, caring and really good at providing care.

However, each consumer is not always treated with respect and dignity and do not always receive information that is current, accurate and timely, and communicated in a way that is clear, easy to understand.

Staff spoke about consumers in a way that demonstrated knowledge, respect and understanding of consumer’s individual preferences, cultures and personal circumstances. The service has been responsive to consumer’s wishes to acknowledge their heritage to the degree they are comfortable with. Cultural events are acknowledged and celebrated in ways which consumers appreciate and enjoy, for example ANZAC day, Easter and Christmas.

The organisation has acquired and recorded consumers preferences for representation and decision making. Where consumers are no longer able or prefer for another person to make decisions for them this is recorded, and copies of powers of attorney and guardianship orders are kept by the service. End of life wishes are discussed.

Consumer’s personal information was observed to be kept in locked areas and where computerised information is stored it has suitable protections which control access. Consumers are consulted about the level of privacy they would like maintained and personal information such as photos and birthdays are only displayed/disclosed if it is agreed to by the consumer.

The Assessment Team spoke with consumers who stated they have a say in doing things they want to do in their daily lives.

#### Requirements:

##### **Standard 1 Requirement 3(a) Not Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Not Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found that four of the five requirements under Standard 2*.*

Of the consumers randomly interviewed 94% said they have a say in their daily activities most of the time or always. Consumers are not always involved in their assessments and care planning*.* Consumers reported feeling safe and that the service gets input and advice from other professionals to ensure consumers get the right care.

While there are processes for assessing consumer needs and preferences, evidence demonstrates that these processes are not being effectively applied in practice. There were inconsistencies between care plans and consumer care needs and preferences. Management are aware of these issues and are working towards updating the current system.

Advanced care planning is offered to all consumers and their choices are documented*.* Scheduled meetings with the consumers and their representatives, are conducted to discuss the care plan with them. Management said a copy of the care plan is available to both the consumer and their representatives, although no one has been given a copy of their care plan to date.

Consumers said they have had discussions with staff in relation to their care and services.

#### Requirements:

##### **Standard 2 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(c) Met**

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.

##### **Standard 2 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

#### Summary of Assessment of Standard 3:

#### The Assessment Team found that five of the seven requirements in relation to Standard 3 were met.

Of the consumers randomly sampled 93% said they get the care they need most of the time or always. Consumers were very appreciative of the care they receive however the Assessment Team were also given examples of occasions when care or services were not as they expected them to be.

Review of care documentation shows that care plans and assessments are reviewed and updated by registered nurses’ but are not reflective of current care needs and/or best practice, care is not tailored to consumers current needs to optimise their health and wellbeing.

Effective management of high impact or high prevalence risk was not demonstrated by the organisation in relation to medication, pain and wound management. Issues were identified by the Assessment Team that management had not been aware of, indicating that monitoring is ineffective.

The organisation demonstrated that 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. Registered nurses are allocated to be on duty in the service twenty-four hours a day.

The organisation has several external services contributing to the care provided to the consumers. There is a referral process and the organisation has contracts with allied health providers who visit consumers when needed.

The organisation has an infection control system in place and staff were familiar with universal precautions and antimicrobial stewardship.

#### Requirements:

##### **Standard 3 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Not Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates 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.

### Standard 4: Services and supports for daily living Not Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and   
   well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found that six of the seven requirements in relation to Standard 4 were met.

Most consumers interviewed said they are generally satisfied with the services they receive in relation to daily living at the service. Most consumers interviewed said they could have a say in their daily activities and they are happy with the activities provided at service to meet their needs or preferences.

The organisation adequately demonstrated that it makes timely referrals to other organisations and health professionals.

The organisation did not demonstrate that it understands and applies the requirement in relation to consumer preferences with food quality and quantity.

It provides safe, suitable, clean and well-maintained furniture and equipment. This was observed by the Assessment Team.

The organisation demonstrated how it supports consumer’s mental health and wellbeing. Leisure and lifestyle staff support consumers in their spiritual and emotional well-being, in one-to-one sessions and in group activities.

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Not Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation met all three of the requirements in relation to this Standard.

The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items, clean and well maintained. The layout of the service enabled consumers to move around freely, with suitable furniture and fittings. Consumers had access to outdoor areas with gardens, benches and communal tables.

Consumers were observed:

* Socialising in various parts of the facility and encouraged to use other rooms such as lounge, dining and activity areas.

The service was well maintained and kept at a comfortable temperature.

Consumers have access to a range of equipment and furnishings.

Management and maintenance staff described systems for the service and maintenance of furnishings and equipment.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

**Standard 6:  
Feedback and complaints Met**

**Consumer outcome:**

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

**Organisation statement:**

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

**Summary of Assessment of Standard 6:**

The Assessment Team found the organisation has met all four requirements of this Standard.

All consumers interviewed indicated they feel comfortable raising concerns with staff directly, via feedback forms or through representatives if needed. 93% of consumers/representatives randomly sampled said staff follow up with matters they raise with them most of the time or always.

The service provides information to consumers and other stakeholders about ways to provide feedback and make complaints. This includes feedback forms and resident meetings. Several consumers said or demonstrated that they have used these channels to give feedback.

The organisation has a process for managing complaints. The service demonstrated it takes action in response to complaints, however there were some examples where complainants were not satisfied with the action or follow up communication. The feedback process is overseen at a local and organisational level and there is evidence feedback is used to improve care and services.

**Requirements:**

**Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

**Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

**Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

**Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

**Standard 7:  
Human resources Not Met**

**Consumer outcome:**

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

**Organisation statement:**

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

**Summary of Assessment of Standard 7:**

The Assessment Team found three of the five requirements in relation to Standard 7 were met.

Consumers were generally satisfied with the nature and competence of the staff. Of the consumers randomly sampled:

* 94% said staff are kind and caring most of the time or always.
* 93% said staff know what they are doing, and that they get the care they need all or most of the time

The Assessment Team observed many examples of staff interacting with consumers in kind, respectful ways and with familiarity. Consumers were generally satisfied with the skills of permanent staff, although some concerns were raised about agency staff. Staff interviewed reported that the new induction process is robust and that they have access to ongoing training to help them perform their roles.

However, the Assessment Team found examples where consistently long wait times and rostering mixes which did not suit consumer preferences has put consumers at risk.

* While most consumers interviewed stated they were satisfied with how quickly staff came to them when they required assistance, there were two instances where wait times of 20-30 minutes caused the consumer to be anxious and breathless by the time staff arrived. In the past month 18% of call bells resulted in a wait longer than 15 minutes, and half of these resulted in waits over 30 minutes.
* Staff interviewed said they were satisfied with their workloads when the roster was fully filled, but at least two times a week every week there are unfilled shifts due to unplanned absences. Management has recognised this issue and has started to put in place initiatives to address.
* Despite the care plans for two consumers stating they preferred female carers at night, a male carer was scheduled to look after their wing.

Additionally, a number of cases were identified where staff performance has not been adequately managed, resulting in consumers’ health needs not being met. It is recognised that the service has recently put into place a new performance appraisal system and pursued disciplinary action with staff with poor behaviour.

**Requirements:**

**Standard 7 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

**Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

**Standard 7 Requirement 3(c) Met**

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

**Standard 7 Requirement 3(d) Met**

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

**Standard 7 Requirement 3(e) Not Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

**Standard 8:  
Organisational governance Not Met**

**Consumer outcome:**

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

**Organisation statement:**

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

**Summary of Assessment of Standard 8:**

The Assessment Team found that four of the five requirements of Standard 8 have been met.

88% of the consumers randomly interviewed said they think the service is well run most of the time or always.

The organisation engages consumers in the development, delivery and evaluation of care and services through various feedback processes such as resident meetings, surveys and the complaints process. Its relatively new Board and CEO has demonstrated its focus on promoting culture of safe, inclusive and quality care and services through promoting better work culture, championing its new organisational values and updating its policies and procedures in line with its new values and the new Aged Care Quality Standards.

The service has systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. It did not demonstrate that the workforce governance system is effective; new systems appear robust but are not yet fully embedded. There is evidence it did not follow legislative requirements around the safe storage of medication.

A risk management system is in place to report and monitor risks to consumers and also support them to live the best life they can.

A clinical governance framework is in place to oversee the delivery of clinical care at the service. They have an antimicrobial stewardship policy and have added a general practitioner to the board to help embed this. They support the minimal use of physical restraint however are still in the process of reviewing consumers to minimise their use of chemical restraints. They have an Open Disclosure policy and provided some examples of where it has been applied.

**Requirements:**

**Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

**Standard 8 Requirement 3(b) Met**

The organisation demonstrates that the organisation’s governing body promo7tes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

**Standard 8 Requirement 3(c) Not Met**

The organisation demonstrates 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.

**Standard 8 Requirement 3(d) Met**

The organisation demonstrates 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.

**Standard 8 Requirement 3(e) Met**

The organisation demonstrates that 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.