Elizabeth Jenkins Place Aged Care Plus Centre

Performance Report

8 Homestead Avenue
Collaroy NSW 2097
Phone number: 02 9454 0407

**Commission ID:** 0414

**Provider name:** The Salvation Army (NSW) Property Trust

**Assessment Contact - Site date:** 10 February 2021 to 11 February 2021

**Date of Performance Report:** 30 March 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(b) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 11 March 2021.

# STANDARD 1 Consumer dignity and choice

### 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.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most sampled consumers consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The Quality Standard was not fully assessed and has not received a compliance rating. Only one of the six specific requirements have been assessed. This requirement was found Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team found that consumers are generally supported to take risks to enable them to live their best life. Consumers provided examples where they have been supported to make choices where risk is acknowledged and minimised. The service’s new case conference template has a prompt to ask about consumer’s life, choices and potential activities which may include risk taking.

I find this requirement is Compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### 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.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most sampled consumers consider that they receive personal care and clinical care that is safe and right for them. Some consumers talked about improvements made to care provision.

However, some gaps were found by the Assessment Team in the provision of personal and clinical care. There remain gaps in management of high impact or high prevalence risks associated with the care of each consumer.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team found that sampled consumers did not consistently get safe and effective personal and/or clinical care that is best practice, tailored to consumer needs and optimises their health and wellbeing. The Assessment Team found that wound care was not always completed as directed. Personal and clinical care provided by staff was not best practice to prevent falls. Chemical restraint systems were not current or aligned to the organisational expectation. There were gaps in informed consent and review of restraint authorisations relating to psychotropic medications and chemical restraint.

The Approved Provider’s response outlines continuous improvement actions to ensure consumer care needs are delivered as per assessed need and adjusted according to evidence based practices and changing need. This includes that risks to consumer care are monitored and escalated for effective monitoring and oversight.

I find this requirement is Non-Compliant.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found ongoing issues with the effective management of high impact high prevalence risks associated with the care of sampled consumers. The service continues to have a high incidence of falls, and post-falls management is not always in line with organisational procedures. Some staff practices particularly regarding transfers and mobility have potential for consumer risk.

The Approved Provider’s response outlines continuous improvement actions to ensure consumer care needs are delivered as per assessed need and adjusted according to evidence based practices and changing need. This includes that risks to consumer care are monitored and escalated for effective monitoring and oversight.

I find this requirement is Non-Compliant.

# STANDARD 4 Services and support for daily living

### 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.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Most sampled consumers consider that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers and representatives said staff are kind and supportive to them.

The Assessment Team found that services and supports for daily living promote consumer’s emotional, spiritual and psychological well-being.

The Quality Standard was not fully assessed and has not received a compliance rating. Only one of the seven specific requirements have been assessed. This requirement was found Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

The Assessment Team found services and supports for daily living are provided at the service and generally promote consumer’s emotional, spiritual and psychological well-being. Regular guided meditations, ecumenical services, prayer and discussion groups are held at the service. One to one support is provided to consumers in need or those who are at the end of their life. A second chaplain recently commenced working in the service to support consumer needs. Consumers provided positive feedback about the supports for daily living in relation to emotional, spiritual and psychological support.

I find this requirement is Compliant.

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### 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.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The service has acted to improve some areas of the service environment which were identified in the previous Assessment Team’s report including; cleanliness, waste bin management and pest control. However, call bells, bed sensors, WIFI connection and air-conditioning repair issues continue to be unresolved or require further investigation.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The Assessment Team found that the service did not demonstrate the service environment is safe, well maintained and comfortable. The air conditioning units continue to require repair across several of the houses with portable air conditioning being moved to different houses on an as needed basis. Call bells and bed sensors have been offline on several occasions due to WIFI issues, impacting on the consumers ability to call for assistance when required. Discussions with management identified the service is unclear whether call bells and bed sensors are malfunctioning, or whether staff are not responding or correctly connecting the sensors.

The Approved Provider’s response outlines continuous improvement actions implemented to identify maintenance or environmental issues to be rectified. A consumer driven improvement is the installation of automatically opening doors on all houses (other than the secure unit). This has improved access in and out of the houses particularly for those using mobility equipment and consumers are very pleased with this improvement.

I find this requirement is Non-Compliant.

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### 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.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

All sampled consumers and representatives considered they are encouraged and supported to give feedback and make complaints. However, some said they do not feel appropriate action is taken on all occasions.

Staff demonstrated a lack of knowledge on open disclosure and the service did not demonstrate they use identified trends of feedback and complaints to improve the quality of care and services for consumers

The Quality Standard is assessed as Non-compliant as two of the four specific requirements have been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Non-compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found the service was unable to demonstrate that appropriate is taken and open disclosure is used when things go wrong. Staff demonstrated a lack of knowledge on open disclosure and some consumers and representatives were unhappy with the lack of follow up and actions taken in response to complaints raised at the service.

The Approved Provider’s response outlines continuous improvement actions implemented and staff training delivered to increase staff understanding of open disclosure and ensure complaints receive appropriate action.

I find this requirement is Non-Compliant.

### Requirement 6(3)(d) Non-compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team found that while the service has a compliments, complaints and feedback register and a complaints management process, the Assessment Team did not see evidence of how the service uses this to identify trends to improve the quality of care and services for consumers.

The Approved Provider’s response outlines new forums and processes implemented to encourage feedback from consumers, representatives and staff. The service is working towards ensuring that this feedback is used to improve the quality of care and services.

I find this requirement is Non-Compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### 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.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable and capable. All consumers and representatives said staff are kind and caring when providing care and feel they are skilled enough to meet their care needs. Some consumers and representatives said the service could do with extra staff saying the staff are busy, or they have to wait on registered nurses.

The Assessment Team reviewed call bell reports for the period of 1 January 2021 to 31 January 2021 and identified numerous extended call bell and bed sensor response times. The report also identified numerous ‘offline’ events for call bells with time ranging significantly from minutes to days.

Discussions with staff indicated a level of concern with their ability to deliver appropriate care to consumers, saying there is unplanned leave and a lot of agency staff usage. This is impacting on their ability to deliver appropriate care and the consumers are not satisfied. Staff competencies, education and training have not been completed. This has resulted in staff being unaware of the service procedures and expectations in delivery of care to consumers.

The Quality Standard is assessed as Non-compliant as four of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

The Assessment Team found that some consumers and representatives interviewed said at times there are not enough staff, and this is difficult when they require a registered nurse. Some staff reported the service is understaffed and does not replace unplanned leave or planned leave shifts. The Assessment Team reviewed call bell data and identified call bells are not always responded to within 10 minutes which is an expectation set by the service. Some call bells are also not always working due to connectivity issues. Documents reviewed by the Assessment Team identified unfilled shifts and high levels of agency usage over the four-week period reviewed.

In their response, the Approved Provider identified that the service has implemented continuous improvements focusing on staff, including their wellbeing and performance, and staff recruitment and retention. The service has increased staff recourses including an additional care manager, lifestyle staff, administration staff and Chaplin.

I find this requirement is Non-Compliant.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The Assessment Team observed that overall, interactions between staff and consumers were kind, caring and respectful. All consumers interviews said the staff are kind, caring and lovely. Some consumers said the staff really try and the care they receive is good quality.

I find this requirement is Compliant.

### Requirement 7(3)(c) Non-compliant

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

The Assessment Team found most consumers and representatives said they feel staff are competent and capable to perform in their roles. However, some consumers and representatives raised communication as a big issue with staff. The Assessment Team observed issues with staff knowledge to perform their roles including an agency staff member providing incorrect information to the Assessment Team and two staff members unaware of some consumer names. Management advised they have ongoing staff training with skill assessments however these are not up to date.

I find this requirement is Non-Compliant.

### Requirement 7(3)(d) Non-compliant

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

The Assessment Team found that most consumers and representatives said staff know what they are doing. Staff said there was a lot of training offered at the service however most could not recall receiving training on the new Quality Standards or previously identified areas of knowledge gaps including antimicrobial stewardship, open disclosure, and physical or chemical restraint. The Assessment Team found that not all staff had completed mandatory training including on COVID-19.

In their response, the Approved Provider identified that a training plan is in place to address identified gaps and assessed need at the service. The training plan identified that since the assessment contact the service has delivered training on issues raised by the Assessment Team including post-fall management, wounds and skin integrity, complaint management and reporting, and open disclosure.

I find this requirement is Non-Compliant.

### Requirement 7(3)(e) Non-compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team found that staff and management of the service could describe the performance appraisal process, however not all performance appraisals have been completed. Management advised the performance appraisal process was 45% complete. The Assessment Team found the investigation process of incidents involving staff performance are not always completed in a timely manner resulting in potential risk to consumers.

In their response, the Approved Provider identified that the service has implemented continuous improvements focusing on staff, including their wellbeing and performance.

I find this requirement is Non-Compliant.

**Areas for improvement**

Areas have previously been identified in which improvements must be made to ensure compliance with the Quality Standards. Details of those improvements are outlined in the performance report dated 18 December 2020.

# Other relevant matters

On 18 December 2020, following a site audit, the approved provider was assessed as non-compliant with the following requirements of the Quality Standards; these non-compliant requirements were not assessed during this performance assessment:

### 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.*

### 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.*

### 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.*

### 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.*

### 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.*

### 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.*

### 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.*

### 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.*

### 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.*

### Requirement 4(3)(e)

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### 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.*

### 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.*

### 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.*