Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Fred Ward Gardens |
| **RACS ID:** | 2986 |
| **Name of approved provider:** | RSL LifeCare Limited |
| **Address details:**  | 38 Theodore Street CURTIN ACT 2605 |
| **Date of site audit:** | 30 September 2019 to 03 October 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 18 October 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:** | 24 October 2019 to 24 October 2021 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met |
| Requirement 1(3)(a) | 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) | 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 | Not Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Not 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 | Met |
| Requirement 7(3)(a) | 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 09 December 2019  |
| **Revised plan for continuous improvement due:** | By 02 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 Fred Ward Gardens (the Service) conducted from 30 September 2019 to 3 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 | 13 |
| Consumer representatives  | 11 |
| Management | 4 |
| Clinical staff | 4 |
| Care staff | 10 |
| Hospitality and environmental services staff | 6 |
| Lifestyle staff | 2 |
| External contractors | 3 |
| Visiting service providers such as allied health professionals | 0 |
| Other | 1 |

## 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 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 that six of six requirements in relation to Standard 1 were met.

Consumer experience interviews, together with other consumer-based interviews demonstrate that consumers are treated with dignity and respect, that each consumer is supported to exercise choice and independence, information provided to each consumer is communicated in a way that is clear, easy to understand and enables them to exercise choice and that each consumers privacy is respected.

Staff interviews indicate staff have a clear understanding of what this requirement means in relation to everyday consumer choice and decision making. Staff practices observed consistently demonstrate a dignified interaction with the consumer such as knocking on consumers doors and/or waiting for a response.

The organisation demonstrated a culture of inclusion and one that provides care and services that are culturally safe and how a consumer is supported to take risks to enable them to live the best life they can. Consumers provided positive feedback in relation to cultural safety and how the service supports and enable risk taking.

**Requirements:**

##### **Standard 1 Requirement 3(a) 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) 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 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 five of five requirements in relation Standard Two were 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. The consideration of risk to consumers health and wellbeing is applied as part of the consumer assessment process. The organisation has identified for consumers who the consumer wishes to involve in assessment, planning and review of the consumer’s care and services. The service demonstrated that care plans are readily available to staff, and that the outcomes of assessment and planning are readily available to the consumer. The organisation has systems in place to monitor and review against the requirements in Standard 2.

Consumer experience interviews indicate 100% of consumers said they get the care that they need always or most of the time. Whilst majority of consumers could not recall being involved in their assessment and care planning process, the majority of consumers did not believe this was of concern.

Consumers gave examples of allied health and specialist involvement in their assessment and care. The service has a care manager and assistant care manager who have overall responsibilities for ensuring consumers are appropriately assessed and receive the care and services in line with the consumers’ care needs. A process of incident and risk assessment, advance care planning and clinical care need assessments is conducted by registered nurses who are support at floor level by the care manager and/or assistant care manager.

The performance assessment indicates the organisation demonstrates they have processes to assess, plan, monitoring and review a consumers’ care.

**Requirements:**

##### **Standard 2 Requirement 3(a) 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 six of the seven requirements in relation to Standard 3 were met.

The organisation does not demonstrate there is effective management of high impact or high prevalence risks associated with the care of each consumer. Of consumers randomly sampled and asked if the consumer thinks they get the care they need, 100% said they do always or most of the time. Documentation review identified deficits in relation to pain management.

Consumers and representatives interviewed by the Assessment Team provided mostly positive comments in relation to personal and clinical care.

The care manager and assistant care manager monitors consumers clinical care through review of clinical incidents such as consumer falls, behaviours, wounds, weights, medications and infections. The process of review directs clinical review in conjunction with the clinical staff at the service and other specialist as needed, such as a behaviour specialist, wound specialist or dietician.

Interviews with registered nurses and enrolled nurses, together with documentation review indicate this process does occur, however there are inconsistencies in practice in relation to delivering effective clinical care.

Care staff gave examples of consumers care and demonstrated an understanding of the consumers’ care needs. Staff said handover is effective in communicating changes in care the consumer is to receive.

Whilst the organisation has systems in place to monitor and review against the requirements in Standard 3, the system is not consistently identifying issues identified through the performance assessment.

**Requirements:**

Standard 3 Requirement 3(a) 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 the six of the seven requirements in relation to Standard 4 were met.

Consumers and representatives interviewed by the Assessment Team provided positive comments in relation to consumer needs and preferences being communicated within the organisation. However the organisation does not demonstrate that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Care plan documentation does specify ways to communicate with the consumers, however staff when interviewed were unable to demonstrate how they communicate effectively using non-verbal methods.

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. This is supported by the services of a chaplain and referrals to other organisations, for example dementia specialists, and allied health providers. Consumers said they enjoy a variety of activities and events both in and outside the organisation. The organisation provides meals of a suitable quality, variety, and quantity and provides a safe environment, this was observed by the Assessment Team.

Whilst the organisation has systems in place to monitor and review against the requirements in Standard 4, the system is not consistently identifying issues identified through the performance assessment.

**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) Not 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) 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 that three out of three requirements in relation to Standard 5 were met.

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

Of consumers and representatives randomly sampled and asked if the consumer feels at home at the service, 94% said always or some of the time.

Observations, interviews with staff and consumers/representatives show that the refurbishments/renovations facilitating each consumer having the own room has enhanced the quality of the environment. There are areas inside the service that consumers can use to sit and either interact with one another or to have some private time if needed. The consumers were observed to move freely around the service. Residential floors are connected by lift.

Consumers and representatives interviewed generally provided feedback that furniture, fittings and equipment are safe, well maintained and suitable for consumers. Some consumer representatives said their relatives’ rooms were not always clean. Interviews with maintenance staff and cleaning personnel, review of related records and observations made generally confirm this. Monitoring and review processes under this Standard were seen to be generally effective.

However, 6% of consumers and representatives randomly sampled did not see Fred Ward Gardens as their home, saying they would have preferred to remain living in their own home. The majority of consumers said they feel safe in the home with 6 % saying this was some of the time based mainly on their inability to access their call bell at all times.

**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 that four out of four requirements in relation to Standard 6 were met.

Information is provided to consumers and representatives about avenues for feedback and complaint in various meetings and forums and in key documents including newsletters. Feedback is pro-actively sought from consumers and consumer representatives, staff and other stakeholders, and opportunities are also provided to raise concerns, during regular case conferencing. Management were seen to operate an open-door policy.

100% Of consumers and representatives randomly sampled said staff followed up when they raised things with them most of the time or always. Consumers and representatives interviewed were aware of ways to suggest an improvement or make a complaint and said they are encouraged to do so.

The organisation demonstrated they review complaints and feedback they receive, take action and respond to the person raising the complaint and/or providing the feedback. A review of the complaints register showed the actions and responses including follow-up with the complainant when known. Management demonstrated effective monitoring and review of processes.

**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 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 that five out of five requirements in relation to Standard 7 were met.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of consumer’s identity, culture and diversity. 94% of consumers and representatives randomly interviewed indicated they felt staff knew what they are doing most of the time or always.

The organisation demonstrates the workforce recruited to different roles, are competent and qualified to undertake these roles and supported to deliver outcomes for the consumers. Staff undertake annual mandatory and additional education to maintain and enhance their skill and knowledge. Management monitor staff practices to identify opportunities to improve individual staff skills and knowledge particularly in areas such as caring for consumers living with dementia.

New staff receive an intensive orientation program which includes buddy shifts with experienced staff. Performance appraisals occur as part probation monitoring and ongoing employment.

Management demonstrated effective monitoring and review of processes.

**Requirements:**

##### **Standard 7 Requirement 3(a) 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) 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 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 five out of five requirements in relation to Standard 8 were met.

The organisation has a developed governance structure including a board and chief executive, with office holders having identified responsibilities and defined lines of accountability.

The organisation demonstrated it is committed to an inclusive workplace that embraces and promotes diversity as part of its corporate culture. This involves providing supportive and inclusive diversity-related workplace policies, programs and practices within the business to ensure safe and quality care and services are delivered.

The organisation demonstrated that they involve consumers in the evaluation of care and services.

There are organisational wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care. The clinical governance frame work addresses anti-microbial stewardship, open disclosure. The organisation reviews safety issues (such as with incidents including mandatory reporting) and these are reported through organisational committees.

Management demonstrated the organisation has effective monitoring and review of processes.

**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 promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### **Standard 8 Requirement 3(c) 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.