Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Garden Village |
| **RACS ID:** | 2720 |
| **Name of approved provider:** | Garden Village Port Macquarie |
| **Address details:** | 7 Garden Crescent PORT MACQUARIE NSW 2444 |
| **Date of site audit:** | 09 September 2019 to 13 September 2019 |

**Summary of decision**

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| **Decision made on:** | 17 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:** | 27 October 2019 to 27 October 2022 | |
| **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 | | Not Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Not Met |
| Requirement 2(3)(d) | | Not Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | 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 | | Not Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Not 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 17 February 2020 | |
| **Revised plan for continuous improvement due:** | By 01 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 Garden Village (the Service) conducted from 09 September 2019 to 13 September 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 details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not 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 | 19 |
| Consumer representatives | 8 |
| Management | 4 |
| Clinical staff | 6 |
| Care staff | 13 |
| Hospitality and environmental services staff | 1 |
| Lifestyle staff | 2 |
| External contractors | 1 |
| Visiting service providers such as allied health professionals | 2 |
| Other | 2 |

## 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 the organisation met all six requirements under this standard.

Consumers and their representatives said they are satisfied the information provided to them supports consumer choice, dignity and privacy. Interviews confirmed consumers felt staff always treat them with respect, and that their privacy and confidentiality is respected. Consumers said their families and friends are welcome at the service.

The service demonstrated systems and processes are in place to ensure practices result in consumers being treated with dignity and respect in line with their cultural needs and preferences. This includes consumers being supported in choice and decision making and maintaining independence. Evidence includes feedback from staff, consumers and representatives; the Assessment Team’s observations of practices in the delivery of care and services, and of the living environment. The service fully supports consumers to make their own decisions about the risk associated with the desired activity. The Assessment Team noted copies of the Charter of Aged Care Rights available throughout the service for consumers and their representatives/visitors to read.

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 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 three of five requirements under Standard Two were not met.

Of the consumers randomly sampled 100% said they get the care they need most of the time or always. Most consumers interviewed said they had not been involved in the development of a care plan or could not recall being involved. All consumers said they were satisfied with the care and services provided to them and they felt safe living at the service.

The Assessment Team was not satisfied that care and service plans are developed in consultation with consumers, and their preferences are adequately recorded or that consumers have ready access to their care and services plan. Staff could not describe how consumers, and others who contribute to the consumers care, work together to develop and review a tailored care and services plan. Management said they are working towards consulting consumers and representatives in the development of care and service plans. Care and service plans are regularly reviewed, however the Team noted consumer’s preferences and goals are not clearly described.

The assessment team was not satisfied that advance care planning and end of life planning addresses the consumers’ needs, goal and preferences.

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) Not 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) Not 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) Not 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 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 all seven requirements under Standard 3 were met.

Of the consumers randomly sampled 100% said they get the care they need most of the time or always. All consumers reported feeling safe and confident that staff know what they are doing.

Staff could describe how they ensure they provide care in line with consumers preferences, their opportunities for continuing education and how they ensure that information is shared. All staff demonstrated a good working understanding of precautions to prevent and control infection. Registered nurses demonstrated understanding of antimicrobial stewardship in the management of antibiotics.

Consumers gave examples of how staff ensured the care provided was right for them including asking them and offering choices.

Care and service plans reviewed by the assessment team evidenced safe and effective care.

The organisation also demonstrated that they have a clinical governance framework and policies and procedures underpin the delivery of care.

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) 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 the organisation met six of seven of the requirements under this Standard.

While the organisation demonstrated that equipment provided is suitable, they did not adequately demonstrate that the equipment was safe, clean or well maintained. The service was unable to provide evidence that equipment, for example, lifters, electronic beds and pressure mattresses have been regularly serviced and/or repaired.

Consumers provided evidence of how they are supported to optimise their independence for example one consumer stated he goes out every day with his son and enjoys this, another said they make their own bed and dress themselves and will tell staff to go away if they try to help, and another stated the exercises the physiotherapist provided is helping her to regain her strength and stand. Consumers and representatives expressed satisfaction with the care they receive. Consumers stated: “I'm comfortable and looked after - I like it”, “I am certainly more at home than I was before, everybody is so nice. Before I felt forgotten and neglected then I moved here, and my son lives in the area”, “Yes (this feels like home) I am comfortable and happy, I care about staff and they care about me and my kids are happy”. Consumers expressed satisfaction with the emotional, spiritual and psychological support they are provided with by the chaplain, the opportunity to take part in church services and the caring staff.

The random sampling of consumers identified 96% like the food always or most of the time. Management have created a food committee to review the meals and provide feedback and suggestions to management. Consumers with special diets for example: Fodmap and Diabetic, are catered for.

The organisation demonstrated that each consumer receives 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. The organisation provides services for daily living that promote each consumer’s emotional, spiritual and psychological well-being. Information about the consumer’s condition, needs and preferences is communicated where responsibility for care is shared. Timely and appropriate referrals are made for the consumer when external services are required. The meals provided are varied and of suitable quality and quantity.

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) Met

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

Standard 4 Requirement 3(g) Not Met

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

### Standard 5: Organisation’s service environment Not 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 has met one of three requirements in relation to Standard 5.

Consumer experience interviews show that 92% of consumers said they feel at home with one consumer (4%) saying some of the time and one consumer (4%) saying never however these consumers did not provide further explanation. Consumers reported the service is well maintained, clean and they have access to outdoors areas where they can spend time with their families or friends. However, six consumers confirmed their walkers have not been cleaned and some consumers said they were unaware of how to lodge a maintenance request.

The service was observed to be welcoming with individual rooms decorated with photographs and other personal items. Consumer’s bedrooms, bathrooms and other areas of the service were observed to be clean and well maintained.

However, the organisation did not demonstrate they have an adequate process for monitoring, review and evaluation of the service environment which includes consumer feedback. Evidence that environmental services staff follow a cleaning program was not available. Evidence the issues raised in the last cleaning audit conducted in September 2018 was also not available.

While the organisation has a proactive maintenance schedule in place this did not include regular maintenance of equipment like that of electric beds, walkers and lifters. Workplace health and safety minutes showed a lifter had an ‘out of order’ sign since September 2018. Management advised the contract for equipment servicing lapsed in October 2017. Observations made by the Assessment Team identified some equipment particularly that in Garden Lodge to be unclean and damaged.

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) Not 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) Not Met

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

### Standard 6: Feedback and complaints Not 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 into 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 two of the four requirements related to Standard 6 were met.

Consumer interviews demonstrated the service encourages consumers and representatives to raise feedback. Consumers and representatives said they have either raised or would feel comfortable raising any issues or complaints. Consumers interviewed were aware of the internal feedback and complaint process however were not aware of the external bodies available for complaint process. However, all said they wouldn’t need to complain as everything is very good.

The service has processes in place to ensure consumers and representatives understand the information provided to them including the use of translated materials, interpreters and advocates. The Assessment Team observed information to be displayed around the service in relating to interpreters and advocacy. Feedback forms and suggestion boxes were located in all three areas of the service.

The organisation has a complaints policy in place however review of a complaint where open disclosure was necessary demonstrated this policy has not been directly followed. Review of the previous comments and complaints log also identified not all feedback and/or complaints have been logged. The organisation has recently changed to moving on audits as the system for complaint and feedback management. However due to the infancy of these system evidence was not available to demonstrate the organisation is tracking and/or trending data.

Staff have received training and information on complaints mechanisms for consumers and are encouraged to assist consumers raise any feedback and/or complaint. Discussions with staff showed they are aware of how to assist consumers in lodging feedback and/or complaint but are not aware of external bodies to raise complaints with.

##### **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) Not 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) Not 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 the organisation met all five requirements under this standard.

Consumer’s/representatives interviewed are satisfied with the availability of skilled and qualified staff and the quality of care and services provided. Consumers say they know the staff members who look after them and comments included: “I am happy with the way staff talk to me and show kindness when caring for me”. Feedback provided to the Assessment Team include the consumers saying the regular staff are good and know how to look after them, they say they do not have to tell staff what they need and that staff do not rush them when they are delivering care and services. Feedback from consumers about their interactions with staff include: “I don't have any negatives when it comes to the way staff care for me. they are just wonderful” and “I am well looked after”. Consumers and representatives state they are confident that staff know how to do their job.

The service has systems in place to establish the required workforce numbers with the range of skills needed to meet consumer’s needs and deliver safe and quality care and services and the systems are in line with current legislation and guidance where it applies. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. The service uses a structured approach for rosters and schedules, hiring and retaining members of the workforce and managing different types of leave. The service does not use agency staff.

The service considers the different levels of skills and abilities needed to meet consumers’ needs including establishing the number of registered professional and support staff required, and the supervision and leadership needed. The service regularly reviews their workforce levels and mix of skills to ensure they are responding to the changing needs and situations of consumers and encourages staff to seek education and development opportunities in areas of interest to them.

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 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 one of the five requirements relating to this standard was not met.

All consumers interviewed through the consumer experience interviews said the service is well run most of the time or always.

The organisation demonstrated they have an active governing body in place who meet regularly, receive and review risks to consumers and set organisational goals through a strategic plan. The organisations governance systems support regulatory compliance, clinical care and consumer feedback. Workforce interviews confirmed they have received training in these systems and are aware of how their work contributes.

The organisation has implemented a new set of policies which include restraint, antimicrobial stewardship and complaints management including open disclosure. However, review of complaints and feedback information identified the service has not followed their open disclosure policy. Due to the governing body meeting bi-monthly evidence of oversight and subsequent improvement relating to this issue could not be provided.

The organisation demonstrates they have some systems in place to engage consumers in the development and delivery of care and services. However, examples provided by the service showed consumer centred care is not always the main focus for a few staff members.

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) Not 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.