Accreditation Decision and Report

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

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Goodwin Monash |
| **RACS ID:** | 2916 |
| **Name of approved provider:** | Goodwin Aged Care Services Limited |
| **Address details:**  | 27 Cockcroft Avenue MONASH ACT 2904 |
| **Date of site audit:** | 23 July 2019 to 26 July 2019 |

**Summary of decision**

|  |  |
| --- | --- |
| **Decision made on:** | 06 September 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:** | 28 September 2019 to 28 September 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 | 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 | 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 | 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 |

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

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 Goodwin Monash (the Service) conducted from 23 July 2019 to 26 July 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 | 26 |
| Consumer representatives  | 7 |
| Management | 4 |
| Clinical staff | 12 |
| Care staff | 16 |
| Hospitality and environmental services staff | 10 |
| Lifestyle staff | 5 |
| Visiting service providers such as allied health professionals | 4 |
| 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 the organisation has met all six requirements under Standard 1.

Consumer feedback was positive with most consumers agreeing that staff treat them with dignity and respect. The organisation engages with consumers and their representatives during the admission process which includes preadmission meetings with consumers, so they can exercise choice and decisions regarding how they want their care and services to be delivered. The organisation seeks feedback from consumers and their representatives through consumer meetings, committee meetings, feedback forms and surveys. The organisation demonstrated that they provide a culture of inclusion and respect for consumers with observation of staff interaction to be respectful to consumer preferences. Staff interviewed gave examples how the organisation provided training and how they engage with consumers to support them to make informed choices regarding their care and service delivery. The organisation has systems in place to provide privacy and confidentiality regarding consumer information and consumers are satisfied that staff maintain their privacy and confidentiality.

#### 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 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 five requirements in relation to Standard 2 were met.

Of consumers/representatives interviewed 92% generally agreed consumers’ they get the care they need and they feel safe always or most of the time. Consumers said they have choices and are accommodated to do what they choose.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals, carers and family) work together to deliver a tailored care and service plan and monitor and review the plan as needed. Care staff interviewed could give examples of personal care needs and preferences and how they tailored care to meet those needs.

Care plans reviewed had been updated and the staff are alerted to when the next review is to be undertaken by entering into and checking a computerised alert system. Staff demonstrated an understanding of adverse events or near-miss events and these were identified, documented and reviewed by the service, to inform continuous improvement.

Advance care planning and end of life wishes formed part of care planning, was well documented, and discussed with consumers and their representatives and included input from the palliative care nurse practitioner and medical practitioners.

The Assessment Team was not satisfied that assessment and planning identified and addressed consumers’ current needs, goals and preferences. This was evidenced by the documentation of needs and preferences, care and services of four consumers which did not reflect their current requirements.

#### 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) 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) 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 seven requirements in relation to Standard 3 were met.

The service was unable to demonstrate that it provides safe, effective and consumer focused care. Each consumer’s needs, goals and preferences are not tailored to their individual needs that optimise their health and wellbeing.

However, high risk areas for consumers have been identified and the service has employed evidence-based strategies to guide practice and to minimise these risks. Care delivery and consumer outcomes are monitored and evaluated, and these findings are used to make any required changes in this area. Most consumer and representatives are satisfied that there care needs are met and is provided in a caring and competent manner.

#### 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) 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 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 all seven requirements under Standard 4 were met.

Of the consumers randomly sampled 89% said they are encouraged to do as much as possible for themselves most or all of the time.

The organisation demonstrated that it provides safe and effective services and supports for daily living that optimise consumer’s independence, health, well-being and quality of life and meet their needs, goals and preferences.

Consumers interviewed confirmed the staff are kind and caring and their emotional, spiritual and psychological well-being is supported. All consumers interviewed agreed they have a say in their daily activities. The majority indicated they are satisfied they are assisted to participate in their community, have social and personal relationships and do things of interest to them.

Information about consumers’ needs and preferences is communicated to staff for the delivery of appropriate care and services. Timely and appropriate referrals are made as needed. Staff interviewed were aware of the individual needs and preferences of consumers in relation to services and supports for daily living or were aware of where they could access this information.

The service caters for all meals for consumers and provides a menu that delivers variety and choice of quality meals. Of consumers randomly interviewed, 89% said they liked the food most or all of the time. This included comments such as the 'food is excellent' and 'the food is delicious'. Eleven per cent of the consumers said they like the food some of the time. One of these commented they have special dietary needs and preferences and the service supports them to prepare their own meals independently.

The Assessment Team observed suitable equipment available to staff for the safe delivery of services and supports for daily living. Staff interviewed indicated they have sufficient, safe, and suitable equipment for the delivery of care and services.

#### 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) 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.

Of consumers randomly sampled, 88% said they felt safe at the service most of the time or always. Consumers and representatives said they are happy with the cleaning and laundry.

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 ready access to tidy outdoor areas with gardens, seating and communal tables, and paths that enabled free movement around the area.

Hospitality and asset management and maintenance staff described systems for the purchase, service and maintenance of the service environment and how environmental related risks to consumers were identified and managed.

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

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation met all four of the requirements in relation to Standard 6.

The organisation has a system to manage feedback and complaints, which is used to improve how the service delivers care and services. As well as encouraging complaints and asking for feedback, the organisation provides timely feedback to the organisations governing body, staff and consumers on complaints along with the action the service took. The service uses information from complaints to make improvements to safety and quality systems and regularly reviews and improves how they manage complaints.

#### 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 the organisation has met all six requirements under Standard 7.

Consumer feedback found that most consumers were satisfied with the care they received and needed. The organisation has systems in place to ensure that the workforce has enough skilled and qualified staff to meet consumer needs. The organisation has an induction training program for all registered nurses, care workers and hospitality staff to ensure that staff have the right skills and knowledge to do their job effectively and to deliver a consumer-centred approach to care. Staff interviewed provided examples of organisational support that they have received to ensure that they can support the changing needs of consumers and deliver quality care to them. The organisation has an effective human resource system in place to regularly assess, monitor and review staff performance that is vital to delivering safe, respectful and quality care that meets consumer needs and preferences.

#### 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 the organisation demonstrated all requirements under Standard 8 were met.

Of the consumers randomly sampled 83% said they think the service is well run most or all of the time. Seventeen per cent said they think the service is well run some of the time. One commented they think there should be more staff. Another commented the communication could be improved as their PRN medication was changed and staff were not aware and this caused a delay.

The organisation demonstrated their governing body promotes a culture of safe, inclusive and quality care and service and this is set out in the organisation’s vision, mission and values. The board meets regularly and there are a number of subcommittees which advise the board in relation to the development, delivery and evaluation of care and service. This includes the engagement of consumers in this process through the Residents General Forum and the feedback mechanisms of the service. Consumers confirmed they are involved in this process.

The organisation has systems for the effective governance of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management report to the board in relation to each of these areas to support the board’s decision making and accountability.

There are policies that direct risk management including high impact or high prevalence risk, identifying and responding to abuse and neglect of consumers, and the dignity of risk. There is also a clinical governance framework to oversee the delivery of care and includes antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff have been trained in relation to these systems and they have an understanding of these concepts.

#### 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.