Gosling Creek Aged Care

Performance Report

1505-1503 Forest Road
ORANGE NSW 2800
Phone number: 02 6369 9800

**Commission ID:** 1019

**Provider name:** Allity Pty Ltd

**Assessment Contact - Site date:** 13 October 2021 to 14 October 2021

**Date of Performance Report:** 16 November 2021

# Performance report prepared by

Glenda Cherry, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(c) | Non-compliant |

# Detailed assessment

This performance report details the Commissioner’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 conducted on 13 – 14 October 2021; 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 9 November 2021 included an action plan
* information received in relation to media coverage

# STANDARD 1 NON-COMPLIANTConsumer 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

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The service did not demonstrate each consumer is treated with dignity and respect and their identity, cultural and diversity valued.

The Assessment Team bought forward evidence that while some interviewed consumers and representatives provided positive feedback in relation to the way staff treat and communicate with consumers, others said staff do not consistently treat all consumers with respect, ensure their identity is recognised and maintain consumer’s dignity. Representatives gave examples of staff not attending to consumer’s needs in a timely manner resulting in consumers remaining in an undignified condition for periods of time. Representatives said when visiting the service, they observe consumers to be in an undignified condition due to staff not attending continence care, skin care needs, ensure dignity of clean clothing and cleaning of rooms in a timely manner which impacted negatively on consumer’s dignity. They said staff are rushed and do not facilitate a discussion to advise what cares are being delivered demonstrating a lack of recognition and respect regarding consumers’ identity.

In their response, the provider advised of actions taken including conducting a meeting with consumers and representatives after the site visit to gather feedback in relation to their satisfaction. The provider detailed improved results in call bell response times, examples of complimentary feedback received and examples of events celebrating consumers cultural needs. Additional resources have been deployed to the service to assist with addressing issues identified by the Assessment Team, education and staff training is planned and an improved platform for obtaining consumer and representative feedback is to be implemented.

While I acknowledge the responsive actions taken by the approved provider and positive feedback has been received from some consumers and representatives, the intent of the requirement is each consumer, including those with cognitive impairment who are unable to manage their own dignity needs and/or contact staff for assistance when their continence needs require addressing. The service was not able to demonstrate this during the site visit.

I find this requirement is non-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

The Quality Standard is assessed as Non-compliant as one 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.*

Most sampled consumers consider they receive personal care and clinical care that is safe and right for them. Positive feedback was received in relation to pain management, including physiotherapy staff supporting consumer’s pain management. Documentation review detailed an incident reporting system capturing incidents relating to skin integrity

However, some representatives provided dissatisfaction with consumer’s personal and clinical care regarding behaviour and continence management to ensure consumer’s dignity needs are met.

The Assessment Team bought forward evidence behaviour management is not tailored to consumer needs, the service does not demonstrate best practice principals are utilised in relation to restrictive practices and/or ensure effective clinical care.

The service did not demonstrate chemical restraint is utilised after alternative interventions are trialled, and/or identification that a possible unmet need (such as pain, hunger or continence management) results in escalation of behaviours. The service did not demonstrate consultation with appropriate decision makers occurs to enable informed consent before administration of psychotropic medication. Care planning documentation, used to guide staff in providing clinical care, does not detail appropriate triggers, interventions and strategies to address consumer’s behavioural needs.

The service does not have a system of identifying which consumers are being administered chemical restraint medications and ensure appropriate consent, assessment and care plans are reflective of restrictive practices. The service did not demonstrate consumer’s medication documentation details reasons for prescribing and administering psychotropic medications. Medication, care planning and progress note documentation does not consistently align to guide staff in providing appropriate clinical care. Representatives said they had not been involved in discussions relating to medications to understand the reason and effect of medications being administered and as such had not provided consent.

The service did not demonstrate incidents of aggression between consumers consistently results in incident forms being completed for both consumers involved in an altercation to demonstrate appropriate, responsive care is provided by staff. Appropriate toileting programs are not implemented as a result of pathology results indicating urinary tract infections. Changes in consumer’s weight does not consistently result in clinical review to identify causal factors and/or subsequent management strategies.

In their response, the provider acknowledged improvements were required and advised of actions taken including reviewing all consumers prescribed psychotropic medications. They evidence this resulted in a reduction and/or planned cessation of some medications. Further, medication charts are being updated to reflect diagnosis, behavioural monitoring process implemented and ensuring all incidents of aggression between consumers are reported as per legislative requirements. The provider detailed planned staff training and education, plus ensuring staff have an awareness of the organisational policy in relation to these topics. Improved information systems are to be implemented to ensure management personnel are immediately alerted to legislative changes prompting discussion at medication management meetings. In addition, duty statements have been updated and specific clinical care issues relating to behavioural management, medication and wound care to be discussed at staff meetings. The provider advised a new clinical management system is to be introduced.

I acknowledge responsive and subsequent actions taken by the provider, however at the time of the visit service was not able to demonstrate consumers were receivingsafe and effective personal and clinical care reflective of their needs.

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

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

## Assessment of Standard 7 Requirements

### 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.*

Some sampled consumers consider they do not get quality care and services when they need them from people who are knowledgeable, capable and caring. Consumers and representatives interviewed said not all staff have the knowledge to provide safe quality care.

Documentation review demonstrated staff have not completed the required competencies to effectively perform their roles. The services did not demonstrate staff receive training and education to support their knowledge to deliver the outcomes required by the Quality Standards.

The Assessment Team bought forward evidence representatives and consumers gave negative feedback in relation to staff skills, lack of staff numbers and staff knowledge to competently do their job and provide appropriate care associated with managing and supporting consumers living with dementia. They said staff lack competency in treating consumers with respect, dignity, empathy, listening to and responding to consumers’ as individuals. They said staff demonstrated ineffective communication methods to provide accurate and clear information and are consistently rushing which prevents effective communication with consumers.

The Assessment Team bought forward evidence registered nurses interviewed did not demonstrate sound knowledge of assessment processes and care plan development and a lack of understanding relating to consumer’s capacity in relation to giving consent of medications. The service did not demonstrate registered nurses are provided with appropriate education and training in relation to chemical restraint and restrictive practices.

The service demonstrated their recruitment processes relating to qualifications and requirements of specific roles. While the service demonstrated education and training provided to staff in relation to the Quality Standards, management acknowledged a lack of staff knowledge and skills in aspects relating to clinical care. They advised gaps in staffing sufficiency was a result of workforce restrictions relating to the pandemic. Management said while the service has recently recruited new staff, the reduction in staffing numbers on site (due to the pandemic) has resulted in a lack of face-to-face mentoring/training at an organisational level, however staff were able to complete mandatory training online.

In their response, the provider acknowledged improvements were required and advised of actions taken including reviewing staff leave to facilitate training, deployment of additional resources to the service to address evidence bought forward by the Assessment Team. The response detailed a commitment to ensuring consistency of registered nurses from an employment agency while awaiting new permanent registered nurses to commence. They advised the lifting of pandemic restrictions will enable an increase in staff numbers returning to site and leadership team members will provide face-to-face education to staff in the immediate future plus further training to be delivered by the end of 2021.

I acknowledge responsive and subsequent actions taken by the approved provider, however at the time of the visit service was not able to demonstrate a competent workforce with knowledge to effectively perform their roles and meet consumers care needs.

I find this requirement is non-compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* 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 workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.