Groves House

Performance Report

131 Main Road   
Cardiff Heights NSW 2285  
Phone number: 02 4954 1700

**Commission ID:** 0894

**Provider name:** Christian Brethren Community Services

**Assessment Contact - Site date:** 25 January 2022

**Date of Performance Report:** 22 February 2022

# Performance report prepared by

G 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(c) | 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 25 January 2022; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 11 February 2022
* Performance Report dated 10 March 2021

# STANDARD 3 NON-COMPLIANT Personal 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

Overall, sampled consumers consider they receive personal and clinical care that is safe and right for them. Consumers and representatives are satisfied with care provided.

A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### 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.*

Consumers and representatives expressed mostly positive feedback about clinical and personal care, including wound care, pain management and assistance to attend clinical appointments external to the service. They are satisfied with the support received from staff to assist them in maintaining independence and consider staff are kind and attentive to their needs.

Staff gave specific examples of consumer care relating to wound care, pain management and responding to behavioural needs. Management explained the process relating to wound care, advised most consumer’s wounds are healing however acknowledged some inconsistencies in record keeping. Clinical staff provided an overview of clinical care management.

However, review of documentation did not demonstrate clinical care is consistently tailored to consumers’ needs and/or as per best practice guidelines. The Assessment Team bought forward evidence consumers receiving medications considered as restrictive practices do not have a documented behaviour support plan to guide staff in providing care. Plans to guide staff in managing consumers complex behaviours do not detail strategies to address identified triggers and repetitive administration of ‘as required’ schedule 8 medications did not result in pain monitoring and/or reassessment of pain management needs.

In their response the approved provider detailed actions taken, such as review of all consumers wounds, referral to wound care specialists, implementation of electronic wound care management, education provided to clinical staff, process of clinical staff reviewing all incidents, review of behavioural documentation to ensure triggers and subsequent strategies are reflected, creation of behavioural support plans plus medical officer review of all pain medications.

I acknowledge the immediate and planned actions of the provider however at the time of the site audit the service’s systems were not effective in ensuring compliance with this requirement.

I find this requirement is non-compliant.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

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

## Assessment of Standard 5

Overall, sampled consumers consider they belong and feel safe and comfortable in the service environment.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

Consumers consider furniture, fittings and equipment are safe, clean, well maintained and suitable for their use. Several consumers expressed satisfaction they were able to decorate their rooms with personal items. Consumers consider the environment is welcoming and they feel at home. The environment supports consumers personal and social needs via private and communal spaces which aid their sense of belonging and independence.

Interviewed staff demonstrate knowledge of the process to report repairs, the notification process relating to repair status and consider repairs are generally conducted in a timely manner. Staff demonstrated knowledge of the process for reporting hazards.

The Assessment Team viewed the environment noting furniture, fittings and equipment were observed to be clean, well-maintained and suitable for consumers. They observed consumers and visitors in communal areas, including external areas and consumers in the memory support unit accessing a courtyard garden area. The call bell system was observed to be effectively functioning.

Documentation review demonstrate a routine preventative maintain program and a responsive program to ensure repair work is conducted in a timely manner. Onsite maintenance staff and external contractors are utilised to conduct routine maintenance and ad-hoc repairs.

I find this requirement is 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 gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
  + is best practice; and
  + is tailored to their needs; and
  + optimises their health and well-being