Gymea Bay Aged Care

Performance Report

128 Coonong Road   
GYMEA BAY NSW 2227  
Phone number: 02 9524 4954

**Commission ID:** 2249

**Provider name:** Apex Software Pty Limited

**Assessment Contact - Site date:** 10 August 2020

**Date of Performance Report:** 25 September 2020

# Publication of report

This Performance Report **may 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 |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(f) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |

# Detailed assessment

This performance report details the Commission’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; 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 15 September 2020

# 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

To understand the consumer’s experience and how the organisation understands and applies two of the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and management and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Some consumers (and representatives on their behalf) provided information about the consumer receiving personal care and clinical care that is safe and right for them, however some did not know whether this is being provided and some raised concerns about personal and clinical care and spoke of impact of this on the consumer.

Clinical and personal care is not best practice, is not tailored to the needs of consumers and does not optimise their health and well-being. High impact and high prevalence risks associated with the care of each consumer are not being effectively managed. It was not demonstrated responsive behaviours of consumers living with dementia and other cognitive impairment are effectively managed; and there is impact of this on the consumer them-self, on other consumers and on staff. It was not demonstrated that consumer falls and related injury/change in condition have been managed effectively. It was not demonstrated that risks associated with moving consumers using lifting equipment are being effectively managed.

It was not demonstrated that timely and appropriate referrals were made for consumer dietetic, behavioural and wound review and advice to inform the delivery of effective personal and clinical care.

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

The Assessment Team found for consumers sampled, clinical care provided is not best practice, is not tailored to their needs and does not optimise consumers’ health and wellbeing.

The Assessment Team found that the behaviour of consumers living with dementia is not fully assessed, and strategies developed to minimise the risk of reoccurrence, with impact including consumers assaulting other consumers and staff. Staff continue to provide care against the wishes of consumers, and the contributing factors to escalating behaviours are not investigated and measures to prevent behavioural incidents are not developed and implemented.

The Assessment Team also noted that contributing factors to fall injuries and other incidents, are not investigated, and interventions to prevent falls are not effective and do not reflect best practices. Care records do not reflect individualised care and do not reflect best practice. While some consumers (and representatives on their behaviour) are satisfied with personal and clinical care, others raised concerns about care.

The approved provider provided a response which included plans for continuous improvement, individualised action plan for each consumer identified in the report, training plan, and evidence external consultants are being engaged to assist the home achieve compliance.

I have considered the Assessment Teams report and the Approved Providers response. I note the improvement activities identified have occurred after the audit and the Approved Provider has not refuted the Assessment Teams findings of the service at the time of the audit.

I find this requirement is non-compliant.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

High impact and high prevalence risks associated with the care of each consumer are not being effectively managed.

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks such as behaviour management, falls and associated injury management, pain management, handling of mobility compromised consumers, and nutrition and hydration. The Assessment Team identified these issues have contributed to an adverse effect on consumers and staff.

The approved provider provided a response which included plans for continuous improvement, individualised action plan for each consumer identified in the report, training plan, and evidence external consultants are being engaged to assist the home achieve compliance.

I have considered the Assessment Teams report and the Approved Providers response. I note the improvement activities identified have occurred after the audit and the Approved Provider has not refuted the Assessment Teams findings of the service at the time of the audit.

I find this requirement is non-compliant.

### Requirement 3(3)(f) Non-compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The service did not demonstrate that timely and appropriate referrals were made for consumer dietetic, behavioural and wound review and advice.

The Assessment Team found that for the consumers sampled, that while their care and service records identify ongoing or escalating issues, there is no evidence of timely or appropriate engagement with external providers to assist the service to address these issues. This has had an adverse effect on consumers at the service.

The approved provider provided a response which included plans for continuous improvement, individualised action plan for each consumer identified in the report, training plan, and evidence external consultants are being engaged to assist the home achieve compliance.

I have considered the Assessment Teams report and the Approved Providers response. I note the improvement activities identified have occurred after the audit and the Approved Provider has not refuted the Assessment Teams findings of the service at the time of the audit.

I find this requirement is non-compliant.

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### 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.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Some sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. However, some consumers (and representatives on their behalf) raised concerns about meals provided.

Meals provided are not varied and of suitable quality. Some consumers (and consumer representatives on their behalf) provided negative feedback about various aspects of the meals. Staff do not demonstrate knowledge relevant to the provision of quality meals for consumers requiring specialised diets. Food safety requirements are not always implemented.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(f) Non-compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The service provides meals that are not varied and of suitable quality.

The Assessment Team found that some consumers (and consumer representatives on their behalf) provided negative feedback about various aspects of the meals. Staff do not demonstrate knowledge relevant to the provision of quality meals for consumers requiring specialised diets. Food safety requirements are not always implemented.

The approved provider provided a response which included plans for continuous improvement, individualised action plan for each consumer identified in the report, training plan, and evidence external consultants are being engaged to assist the home achieve compliance.

I have considered the Assessment Teams report and the Approved Providers response. I note the improvement activities identified have occurred after the audit and the Approved Provider has not refuted the Assessment Teams findings of the service at the time of the audit.

I find this requirement is non-compliant.

# STANDARD 5 NON-COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies two of the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed management and staff about the suitability and safety of equipment. The team also examined relevant documents.

Mixed feedback was provided by consumers (and representatives on their behalf) about the service environment.

Observations show the service environment is not clean or well maintained. Discussions with the maintenance officer and the management team, and review of relevant documents, shows a comprehensive planned maintenance program is not in place. While a detailed clean of the service environment recently took place, it was not demonstrated that any plans have been developed or implemented to prevent the service environment returning to the state of uncleanliness which was observed.

Observations show that furniture, fittings and equipment are not clean or well maintained. Discussions with staff and the management team, and review of relevant documentation, shows effective systems are not in place for furniture and equipment to be maintained and kept clean on an ongoing basis. There is a lack of suitable equipment for consumer safety and comfort, including the right equipment for safely moving consumers, for falls prevention and pressure relief, and comfortable chairs to sit in. It was not demonstrated that pressure relieving equipment is available and provided in a timely manner for consumers who need this, and pressure relieving equipment has not been provided for one such consumer.

The Quality Standard is assessed as Non-compliant as all three specific requirements have been assessed as Non-compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

The service environment is not welcoming and easy to understand, and does not optimise each consumer’s sense of belonging, independence, interaction and function.

The Assessment Team observed the service environment is not welcoming. There is a lack of interior design. The equipment and fittings are old, furniture is mis-matched, and there is limited decoration. The lounge area has many chairs lined up in rows in front of the television. The service environment has four single rooms, three three-bed rooms and the remainder are two-bed rooms. Despite most consumers who live at the service sharing a room, there is a lack of private areas for them to spend time alone or with their visitors. The service has minimal signage or other visual cues to assist consumers to find their way around.

The approved provider provided a response which included plans for continuous improvement, individualised action plan for each consumer identified in the report, training plan, and evidence external consultants are being engaged to assist the home achieve compliance.

I have considered the Assessment Teams report and the Approved Providers response. I note the improvement activities identified have occurred after the audit and the Approved Provider has not refuted the Assessment Teams findings of the service at the time of the audit.

I find this requirement is non-compliant.

### Requirement 5(3)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team found that the service environment is not clean, well maintained, comfortable for consumers and their representatives, or safe. Some consumers and representatives provided feedback about the service environment being clean and well maintained, while others said they did not feel comfortable there. Staff were unable to demonstrate that the service had an effective system to maintain the service environment. The Assessment Team observed examples of staff accessible service areas left in an unsafe condition for consumers.

The approved provider provided a response which included plans for continuous improvement, individualised action plan for each consumer identified in the report, training plan, and evidence external consultants are being engaged to assist the home achieve compliance.

I have considered the Assessment Teams report and the Approved Providers response. I note the improvement activities identified have occurred after the audit and the Approved Provider has not refuted the Assessment Teams findings of the service at the time of the audit.

I find this requirement is non-compliant.

### Requirement 5(3)(c) Non-compliant

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

The service has furniture, fittings and equipment that are not safe, clean, well maintained, or suitable for consumers.

The Assessment Team found that furniture, fittings and equipment are not clean or well maintained. Some furniture and equipment was not suitable for consumers or not working. The Assessment Team found that staff and the management team, did not have an effective system in place to ensure furniture and equipment is maintained and kept clean on an ongoing basis. There is a lack of suitable equipment for consumers’ safety and comfort. This includes having access to the right equipment for safely moving consumers, for falls prevention and pressure relief, and comfortable chairs to sit in. Staff and management were unable to demonstrate that pressure relieving equipment is available and provided in a timely manner for consumers who need this intervention, and pressure relieving equipment has not been provided for one such consumer.

The approved provider provided a response which included plans for continuous improvement, individualised action plan for each consumer identified in the report, training plan, and evidence external consultants are being engaged to assist the home achieve compliance.

I have considered the Assessment Teams report and the Approved Providers response. I note the improvement activities identified have occurred after the audit and the Approved Provider has not refuted the Assessment Teams findings of the service at the time of the audit.

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.

* Management and staff understand and are trained in best practice guidelines for clinical and personal care and effective documentation.
* Management and staff are able to implement and demonstrate best practice in clinical and personal care and an understanding of each individual consumer’s needs, preferences, and goals.
* All stakeholders involved in behaviour management are aware of all triggers, goals, and strategies including non-pharmacological for consumers, and these are documented.
* Incident management is effective in identifying strategies and changes in care planning to minimise potential risk of injury to consumers and staff.
* Management and staff implement effective management of high impact and high prevalence risks associated with consumers care, and understand strategies and best practice to mitigate or resolve these risks.
* Links and access to appropriate external providers and organisations are developed and maintained, to ensure timely interventions and assistance to consumers and staff to optimise consumers health and well-being.
* Dining experience is developed that ensures meals are provided to consumers with variety and quality, in accordance with their assessed needs, and preferences. This would include a framework that includes standards for optimising delivering food and beverages based on texture and thickness, recording of food and drink consumed when appropriate, protein and supplement usage, and development of diet options such as for vegetarians, gluten-free etc.
* The organisation improves their system for identifying and supplying equipment needs, improving and maintaining the service environment, including decor, furniture, fittings, and equipment.
* Improvements implemented are monitored and reviewed for effectiveness, and audits and senior staff checks are updated to reflect changes.

# Other relevant matters

On 05 December 2019 following an assessment contact the provider was assessed as non-compliant with the following requirement(s) of the Quality Standards; these non-compliant requirements were not assessed during this performance assessment:

**Standard 2 Ongoing assessment and planning with consumers**

* Requirement 2(3)(a)
* Requirement 2(3)(d)
* Requirement 2(3)(e)

**Standard 3 Personal care and clinical care**

* Requirement 3(3)(c)