Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Queanbeyan Residential Care Facility |
| **RACS ID:** | 2542 |
| **Name of approved provider:** | Heritage Care Pty Ltd |
| **Address details:**  | 7 Campbell Street QUEANBEYAN NSW 2620 |
| **Date of site audit:** | 10 September 2019 to 13 September 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 10 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:** | 25 November 2019 to 25 November 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.**

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 Heritage Queanbeyan (the Service) conducted from 10 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 | 20 |
| Consumer representatives  | 4 |
| Management | 11 |
| Clinical staff | 5 |
| Care staff | 9 |
| Hospitality and environmental services staff | 6 |
| Lifestyle staff | 2 |
| External contractors | 2 |
| Visiting service providers such as allied health professionals | 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 has met all six requirements under Standard 1.

Of consumers randomly sampled/purposeful, 91 percent of consumers/representatives randomly interviewed said staff treat them with respect most of the time or always. This includes being able to participate, if they wish to do so, in making informed choices about their care and services through their participation in case/care conferences as well as being able to choose how to spend their time.

Consumers and representatives stated staff protect the privacy and confidentiality of consumer information, as well as the privacy of consumers when providing personal or clinical care. Consumers said they felt very safe at the service which included staff and management respecting their cultural and spiritual beliefs. Consumers and their representatives commented that the organisation is also mindful and supportive of the consumers right to undertake risks to enable them to live the best life they can. This can include maintaining social links within the local community to choices regarding diets.

Staff were able to explain how they assist and support consumers to make choices which includes options relating to their care.

The organisation was able to demonstrate that consumers are treated with dignity and respect which includes actively involving consumers and their representatives in discussions about care and services to assist in ensuring needs are being met. The organisation has systems to ensure the privacy and confidentiality of information retained within the electronic care system and management systems.

#### 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 the organisation has not met three of five requirements under Standard 2.

Of the consumers randomly interviewed 100% said they get the care they need most of the time or always. 88% of respondents say they have a say in their daily activities most of the time or always.

The Assessment Team identified that the consumers’ care plans do not always show consultation with the consumers but do so with their representatives and other care providers and allied services. Care plans are mostly consistent with the consumers assessed needs and preferences and as per consumer interview feedback, however some care plans were not reflective of the consumers’ current conditions and contained erroneous information. Care plans contained generic statements and in two of the care plans reviewed, the wording used by staff, was inappropriate to address the consumers’ behavioural needs. The Assessment Team noted that advance care planning has not been completed for a large number of consumers, however this is now a focus for the new clinical team at the service.

The Assessment Team observed that three repositioning charts were completed and signed off, despite the consumers remaining in the same position during the reported period.

#### 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) 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 all seven of the requirements under Section 3 were met.

Of the consumers sampled most agreed staff meet their healthcare needs always or most of the time. Most reported feeling safe and confident they are receiving quality care. Consumers and their representatives described how staff ensure the care they receive is right for them and how staff partner with family members and other health professional to deliver care.

Staff were able to describe how they ensure care is best practice, they have opportunities for continuing education and how information is shared within the service and with others outside the service when appropriate. Care staff demonstrated a good understanding of the precautions to prevent and control infection and the steps they would take to reduce the need for antibiotics.

The care plan of one consumer receiving palliative care demonstrated the needs and preferences of the consumer at the end of life are considered in developing management strategies and the close involvement of family and others in delivering care. Physical restraints are not used in the service and a review of care plans for three consumers showed the use of psychotropic medications has been reviewed and reduced or ceased in consultation with consumers and their families.

The service also demonstrated they have a suite of policies and procedures to inform their practice in the delivery of care and the systems the organisation has to review practice and ensure staff are delivering the best care for the consumer.

#### Requirements:

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 that five of seven requirements in relation to Standard 4 were met.

Consumers interviewed said they are generally satisfied with the services they receive especially in relation to daily living and food at the service. Some consumers stated the activities provided at the service 'did not interest them' and did not meet their needs or preferences. Management demonstrated consumers are consulted through various methods of information gathering and they will ensure further development is done through the continuous improvement plan.

The organisation demonstrated that it makes timely referrals to other organisations and health professionals. It provides meals of a suitable quality, variety and quantity and provides safe, suitable, clean and well-maintained furniture and equipment. This was observed by the Assessment Team.

The service was able to demonstrate how it effectively supports consumer’s mental health and wellbeing. Leisure and Lifestyle was able to provide evidence about how the service reviews the emotional, spiritual and psychological wellbeing of consumers in a systemic way.

Leisure and lifestyle staff said they support consumers in one-to-one sessions and when the consumers are identified as deteriorating. However, limited information was provided in relation to how consumer’s needs, goals and preference are considered when planning for activities. Activities planned provide minimal stimulus or entertainment value for consumers and some prefer to stay in the rooms.

Lifestyle and leisure activities are limited in the dementia support unit and activities provided offer limited cognitive stimulation. The Team observed various consumers in common areas in front of television or sleeping.

#### Requirements:

Standard 4 Requirement 3(a) Not 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) Not 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 that the organization has meet all three requirements under Standard 5.

Of the consumers randomly sampled 88% said they feel at home at the service always or most of the time. All consumers said they felt safe at the service most of the time or always and that the service is clean and tidy always or most of the time.

The service was observed to be welcoming, clean and well maintained. Consumers’ rooms were observed to be decorated with memorabilia, photographs and other personal items. The layout of the service enables consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service. Consumers have free access to clean outdoor areas with communal areas and benches. There are paths and handrails that enable free movement around the area.

Consumers did not raise any concern about the service furnishings, equipment or environment and are aware of the ongoing refurbishments and the relocation of some consumers to level two of the service. Consumers confirmed the service is always clean and there are plenty of communal and private areas for use individually or with family and visitors. Consumers interviewed confirmed they are satisfied and are looking forward to the refurbishment of the other areas of the service.

The service has a system in place for cleaning and maintenance of equipment and furnishings, and how it identifies and manages environmental risks to consumers. Staff interviewed demonstrated an understanding of those systems and processes.

Consumers indicated cleaning, maintenance and laundry services are delivered appropriately.

Management regularly secures formal and informal feedback from staff, consumers and representatives, and conducts meetings to discuss it, address concerns and work towards continuous improvement.

#### 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 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 the service consumers and representatives feel encouraged and supported to give feedback and make complaints and has met all four of the requirements under this Standard.

Consumers and representatives interviewed said that were comfortable raising any concerns they had with staff or management. They gave examples of issues they had raised with the service and how they were resolved. Consumers said they were aware of the complaints process and how to make a complaint.

The service supports consumers to provide feedback through internal and external complaint forms and provides information through the resident welcome pack regarding how to make a complaint.

Management takes appropriate action in response to complaints and an open disclosure process is used when things go wrong. Staff could explain what they are required to do when feedback or complaints are made, and records indicate they have been provided with training to support consumers provide feedback.

A feedback and complaints register is maintained by the service and showed complaints are actioned promptly and escalated when necessary. The service’s plan for continuous improvement demonstrated that feedback and complaints were used to improve the quality of care. Complaints are reviewed and trended and reported to the organisation's management for any follow up actions.

#### 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 met all five requirements under Standard 7.

Consumers interviewed confirmed that staff treat them with respect, are kind and caring and gave examples of how this happens on a daily basis. All consumers interviewed said that staff know what they are doing.

The organisation demonstrated that the service has a workforce that is sufficient and is skilled to provide safe, respectful and quality care and services. Workforce planning processes are in place to ensure that the service always maintains optimal numbers and mix of staff. The service demonstrated that the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver the best possible outcomes to consumers. The service demonstrated that the workforce is competent, suitably qualified and supported with initial and ongoing training to effectively perform their roles. The skills and capabilities of each member of the workforce is regularly assessed, monitored and reviewed.

The Assessment Team observed that staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

#### 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 all 5 requirements under Standard 8 were met.

The organisation demonstrated how they involve consumers and their representatives in the delivery and evaluation of care and services. Some consumers confirmed they are involved in care planning, delivery and evaluation of care.

The executive meets regularly, sets clear expectations for the organisation and regularly reviews risk from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care. The clinical governance framework addresses assessment, planning and delivery of safe and effective care, anti-microbial stewardship, open disclosure framework and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they are applied in the service.

#### 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.