Jeta Gardens Aged Care Facility

Performance Report

27 Clarendon Avenue
BETHANIA QLD 4205
Phone number: 07 3200 6888

**Commission ID:** 5554

**Provider name:** Jeta Gardens Aged Care (Qld) Pty Ltd

**Assessment Contact - Site date:** 10 August 2021 to 11 August 2021

**Date of Performance Report:** 23 September 2021

# 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

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| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(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 17 September 2021
* Information provided by the intake and complaints resolution group.

# 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 Assessment Team did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided.

The Quality Standard is assessed as Non-compliant as two 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 considered the service did not demonstrate that every consumer gets safe and effective clinical care that is tailored to their needs and optimises their health and wellbeing, with deficits identified regarding the monitoring and review of restrictive practices and behaviour management.

The Approved Provider’s response stated that action is underway to address the identified deficiencies, including further staff education, the completion and review of care plans, and implementation of restrictive practices support plans. The Approved Provider did not dispute the findings of the Assessment Team.

Examples brought forward by the Assessment Team included a named consumer with behavioural management issues, with instances of aggressive behaviour witnessed by staff and other consumers. No behaviour care plan was in place for the consumer and no review of effectiveness of behaviour management strategies was evidenced. The impact on several consumers who witnessed the behaviour had not been monitored or addressed. Staff were not guided in how to effectively manage the consumer’s behaviours.

Further examples identified by the Assessment Team related to restrictive practices. For the majority of consumers subject to restraint in the secure area of the service, no risk assessment for restraint use was documented and the restraint authorisation was not completed by a medical officer or the consumer’s representative. For the majority of consumers in other areas of the service, the restraint authorisation was not signed by the consumer or their representative. No evidence was provided by the service to support that verbal authorisations or consents were obtained.

I have considered the information provided by the Assessment Team and the Approved Provider and I acknowledge the Approved Provider is undertaking improvement activities in relation to this requirement. However I find there was sufficient information presented to support that at the time of the assessment contact the service did not consistently demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care.

I find this Requirement is non-compliant.

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

*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.*

The Assessment Team identified deficiencies in the service’s preparedness for a COVID-19 outbreak, including limited pre-entry screening and that the Outbreak Management Plan lacked detail. Consumers were satisfied with the information they received and staff had attended training for antimicrobial stewardship and could give examples of how they minimise infection related risks.

The Assessment Team provided information that the pre-entry screening for visitors was inconsistent with government directions regarding COVID-19 and the electronic system used was not sufficiently compliant. The Assessment Team raised concerns during the Assessment Contact regarding this with the service, and prompt action was taken to improve compliance.

The Approved Provider supplied documents confirming updates to the screening of visitors and changes to reception hours to address the findings in relation to pre-entry screening. I am satisfied that the service has taken timely action to address the issues raised by the Assessment Team, however at the time of the Assessment Contact the service did not demonstrate full compliance with precautions to prevent and control infection.

Regarding the Outbreak Management Plan, I note deficiencies were identified in the previous Performance Report in March 2021 and the service was assessed as non-compliant. The Approved Provider had made improvements at the time of the previous Performance Report. During the Assessment Contact the Assessment Team identified further deficiencies, including consumer information storage, clinical handover plans if a surge workforce is engaged, and lack of detailed processes for the first 24 hours of an outbreak based on Department of Health guidance. The Approved Provider’s response states the Outbreak Management Plan has since been updated with further detail for managing the first 24 hours of an outbreak, including handover plans for a surge workforce. Although the Approved Provider has demonstrated a responsive attitude towards addressing deficiencies, the nature of the issues identified by the Assessment Team support that the service was non-compliant with this Requirement at the time of the Assessment Contact.

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 Assessment Team did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided.

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)(a) Non-compliant

*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.*

The Assessment Team received mixed feedback from consumers and their representatives regarding staffing numbers. There were a number of concerns raised regarding call bell response times, and the Assessment Team observed distressed consumers waiting for assistance, which supports that the number or mix of staff rostered did not support delivery of safe and quality care. Most staff interviewed said they have sufficient time to complete their duties. However some staff advised they have insufficient time to complete their duties, with concerns raised when rostered staff are unavailable at short notice.

The service did not have a review process for call bell data, other than being aware of the response times. The service was demonstrated to be filling all shifts and addressing any gaps in rosters.

The Approved Provider responded that they have undergone extensive recruitment processes recently. They said perceived staff shortages were not evidence based, that rostering is appropriate to ensure the service is not short staffed, and that staff are allocated to the same wing at every opportunity to maintain continuity of care. They stated an audit of the call bell system has been completed and trend analysis will occur to inform future actions.

Whilst I accept the service has an effective rostering system in place, it does not appear that the number or mix of staff is appropriate to ensure that safe and quality care is consistently delivered to consumers. I am persuaded by the evidence put forward by the Assessment Team, primarily regarding their observations and the consumer feedback, regarding the delays experienced by some consumers when they needed assistance.

I recognise the improvements the Approved Provider has implemented following the Assessment Contact. I consider the service needs time to demonstrate the effectiveness and sustainability of those improvements.

I find this Requirement is non-compliant.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### 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.

## Assessment of Standard 8

The Assessment Team did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*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.*

The Assessment Team considered the service has suitable governance systems for financial governance. They identified deficits in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

For information management, there were deficits regarding display of advocacy service information and communication to staff of changes to policies or procedures. Staff otherwise stated they have access to consumer care plans as required. The Approved Provider stated they are are updating their consumer handbook regarding advocacy. Regarding communication of policies and procedures, there is not a specific system to monitor staff awareness and understanding, and the system restricts some staff from accessing the policies.

For continuous improvement, following interviews with staff and review of documents the Assessment Team considered the service does not have effective systems and processes. A number of issues relating to governance were identified, including communication of policies and legislative changes, analysis of call bell data to drive improvements, feedback and complaints. The service had implemented some steps to address these, however the effectiveness was unable to be tested at the time of the Assessment Contact since they were in the initial stages. I also note ongoing noncompliance with the Aged Care Quality Standards, and that the Approved Provider’s monitoring processes had not identified ongoing issues with compliance.

For workforce governance, as addressed at Requirement 7(3)(a), the service was observed to be generally organised regarding rostering however concerns emerged about the sufficiency of staff to deliver and manage safe and quality care.

For regulatory compliance, deficits were identified regarding use of restrictive practices (also considered at Requirement 3(3)(a)), staff training for the Serious Incident Response Scheme and for the service’s incident management system. In relation to the Serious Incident Response Scheme, there was no communication with consumers and representatives about legislative change, some staff were unclear about the implications of the changes and the Assessment Team identified an incident that was not reported. In relation to the incident management system, the Assessment Team identified it did not reflect the Serious Incident Response Scheme changes or give guidance about reporting.

For feedback and complaints, the Assessment Team identified that the complaints policy did not reflect current legislation, that feedback and complaints are not consistently recorded, and while consumers raised complaints at meetings (as evidenced in minutes) those complaints were not recorded in the service’s complaint recording system. The service’s Plan for Continuous Improvement was not consistently reflecting action items identified through feedback and complaints.

The Approved Provider’s response confirmed the new management team is working to implement systems and processes to improve governance. I consider the service needs time to demonstrate the effectiveness and sustainability of those improvements to confirm that they are addressing the deficits.

A number of governance areas were identified as ineffective at the time of the Assessment Contact, and the Approved Provider’s response has not provided sufficient detail to refute the items identified by the Assessment Team.

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.

* Requirement 3(3)(a) – the Approved Provider ensures each consumer gets safe and effective personal and clinical care, that is best practice and tailored to their needs while optimising their health and well-being. This includes appropriate strategies to address behavioural management and restrictive practices.
* Requirement 3(3)(g) – the Approved Provider ensures minimisation of infection-related risks through implementing precautions to prevent and control infection. This includes maintenance of the Outbreak Management Plan relating to COVID-19.
* Requirement 7(3)(a) – the Approved Provider ensures the workforce is planned so that the number and mix of members of the workforce enables delivery and management of safe and quality care. This is particularly in relation to ensuring consumers are receiving safe care at the time they need it.
* Requirement 8(3)(c) – the Approved Provider improves their organisation wide governance systems to ensure effectiveness, specifically in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.