Miranda Aged Care Facility

Performance Report

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**Commission ID:** 2502

**Provider name:** Jesmond Aged Care Pty Ltd

**Assessment Contact - Site date:** 25 February 2021 to 26 February 2021

**Date of Performance Report:** 4 May 2021

# 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  **Non-compliant** |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Non-Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
|  Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) |  Non-compliant |
| Requirement 8(3)(e) |  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 Review Audit and Assessment Contact of 25 February to 26 February 2021; the Review Audit and Assessment Contact report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The Assessment Team’s Infection Control Monitoring Checklist, dated 25 February 2021, completed during the Assessment Contact.
* The provider’s response to the Review Audit report received on 22 March 2021.

# STANDARD 1 Consumer 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

**Summary of Assessment of Standard 1:**

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, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

All sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Overall sampled consumers considered that staff are very good, kind, patient and understanding of their needs. Consumers confirmed that they are encouraged to do things for themselves and that staff know what is important to them. Consumers confirmed that their personal privacy is respected by staff at the service.

The Assessment Team interviewed staff, who were consistently able to demonstrate their knowledge and understanding of consumers’ backgrounds and how they provided culturally appropriate care to consumers; the way they support consumers to exercise choice and independence to live the lives they wish for and maintain relationships; and how they ensure consumer privacy is respected.

## A compliance rating for the Standard has not been made as only three requirements were assessed. All assessed requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(c) Compliant

*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.*

The Assessment Team found overall consumers are supported to exercise choice and independence to make decisions about their own care and the way care and services are delivered. Some sampled consumers (or a representative on their behalf) considered the service does not do this consistently enough, particularly regarding supporting consumers to participate in activities and special occasions.

The care staff gave examples of how they help consumers make day-to-day choices and maintain relationships, including maintaining intimate relationships. The representative and consumers have been surveyed and service plan to use the feedback to create the vision and mission statement of the service.

I am of the view that the approved provider does comply with this requirement as it does demonstrate that it adequately ensures consumers are supported toexercise choice and independence in making decisions about their own care and services and to maintain relationships of choice.

I find this requirement is Compliant.

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team reviewed care plans which described how consumers are supported to take risks and contain details of strategies for staff to support consumers to live the best life they can. Some consumers care plans identified the implementation of the strategies to minimise the risk such as chocking, walking and out in community during COVID-19. Interviewed staff were able to describe risks associated with consumers and how they support their choices and decisions. For example, a care staff member was able to demonstrate the risks associated with walking of one consumer who was unsteady on feet and how he is supported.

I am of the view that the approved provider does comply with this requirement as it does demonstrate that iteach consumer is supported to take risks to enable them to live the best life they can.

I find this requirement is Compliant.

### Requirement 1(3)(e) Compliant

*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.*

The service demonstrates consumers and representatives are provided with current, accurate and timely information that is clear, easy to understand and enables them to make informed choices. Food menus, activity calendars, leisure and lifestyle newsletters were observed throughout the service in different languages and staff providing meals choices and activities to consumers. These were clear and easy to understand. The service management and staff were described the different ways in which information is provided to consumers, including communication cards, sign language and family members to provide information for cognitively impaired consumers. Interviewed staff explained how food options are discussed with consumers to help them to understand and make choices and how they understand consumer’s preferences when organising bus trips.

I am of the view that the approved provider does comply with this requirement as it has demonstrated that the information provided to each consumer is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice.

I find this requirement is Compliant.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### 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 have a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

**Summary of Assessment of Standard 2:**

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The Assessment Team interviewed sampled consumers and representatives who generally expressed satisfaction with the care received at the service. However, most consumers said they are not involved in planning care and services. Most sampled consumers interviewed by the Assessment Team did not consider that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team noticed that planning is not undertaken in a timely manner when consumers enter the service and is not undertaken following incidents and changes to consumers’ condition. The service did not demonstrate an ongoing partnership with consumers and others in the care of the consumers. The Assessment Team observed that the care and services have not been reviewed for effectiveness or when circumstances change.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment Team observed that the service has not ensured that assessment and planning is undertaken in a timely manner, and in accordance with the organisation’s policies, following entry to the service. The Assessment Team noticed that the assessment and planning has not been undertaken which consider the specific risks to the sampled consumer’s health and well-being and this has not informed the delivery of safe and effective care and services.

The Assessment Team reviewed two consumers who recently entered the service. Their assessments and care plans were not completed within the organisation’s timeframe for new admissions. Whilst there was consideration given to some consumer needs, specific and significant risks in relation to wound management and skin integrity, prevention and management of falls, behaviour management, nutrition requirements, medication management and physical restraint have not been considered by the service. When assessments have been undertaken, they were sometimes not implemented or did not successfully inform the care and services to be provided.

In their response, the approved provider acknowledged that some assessments were not fully completed or adhered to for some consumers as per the company’s policy. However, the approved provider disagreed that consumer care was compromised because the late assessment and that staff are aware of consumer needs and are providing them accordingly. I acknowledge the service has made observations in relation to risk for some consumers, and this has been documented in their progress notes, but I do not believe this constitutes a formal comprehensive assessment of the risks for these consumers which resulted in a comprehensive care plan for these consumers. In addition, the service stated in their response recommendations from assessments were not always implemented due to risk to consumer; however, there was no evidence to demonstrate why that rationale had been applied at that time nor was this recorded in consumer care planning which would support that risks had been appropriately considered.

I acknowledge the service has implemented strategies since the Assessment Contact to address gaps identified by the Assessment Team and the care plan for the above consumers has been updated.

On balance of considering all information before me I am not persuaded that the approved provider was able to demonstrate appropriate assessment had been undertaken to comprehensively assess the sampled consumers’ health and well-being, including risks, to inform the delivery of safe and effective care and services.

I find this requirement is Non-compliant.

### Requirement 2(3)(b) Non-compliant

*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.*

The Assessment Team reported overall, assessment and planning does not address consumer’s current needs, goals and preferences and is not undertaken following incidents and changes to consumers’ condition. One consumer demonstrated escalating behaviours since last year but had not undergone another behaviour assessment at the time of the assessment contact therefore it is difficult to determine if the current care and services is reflective of the consumer’s needs, goals and preferences. Where assessments had been undertaken for this consumer in relation to pain management, there is inconsistency between the outcomes of the assessment and what is recorded in the progress notes and care plans which may result in confusion regarding the consumer’s current pain needs. For another sampled consumer at increased risk of pressure injuries, care recommendations were noted to be generic. Another consumer who had recently returned from hospital was identified at a high-risk of falls. They had undergone a physiotherapist review following discharge, but this was not recorded in the electronic care planning documentation. They continued to experience falls, some of which resulted in skin injuries, but were not reviewed after each fall.

In their response, the approved provider disagreed with the findings of the Assessment Team. For the consumer requiring behaviour re-assessment, the service stated a re-referral to a geriatrician was attempted three times, but they were unsuccessful due to lack of available geriatricians in the area. An appointment was finally secured for the consumer, but they were transferred to hospital on that date due to escalating behaviours. For the consumer at risk of pressure injuries, the service has introduced additional strategies for the prevention and care of wounds. About the consumer recently discharged from hospital, the service confirmed a physiotherapist and registered nurse had reviewed the consumer after coming back from hospital which is recorded in their progress notes and provided evidence detailing further physiotherapist reviews. However, these review did not address all incidents raised in the Assessment Team’s report. Whilst I acknowledge the assessments were performed, care planning documentation did not reflect the recommendations regarding the consumer’s needs nor am I satisfied that the consumer was consistently reviewed to ensure his care needs were up to date.

I acknowledge the approved provider’s response and the activities they have implemented since the assessment contact. However, it is apparent that some of these strategies are being implemented following feedback from the Assessment Team and I am not convinced that at the time of the assessment contact all areas of consumer’s needs were considered when undertaking assessment and planning, that assessment and planning was undertaken in a timely manner and that care planning documentation accurately described consumer’s current care needs.

I find this requirement is Non-compliant.

### Requirement 2(3)(c) Non-compliant

*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.*

The Assessment Team found that assessment and planning do not always show ongoing partnership with consumers, their representatives or others. Sampled representatives said they were not aware about assessment and planning of care for their family member. Recommendations and information provided by other organisations are not always acted upon. For example, the Assessment Team noted one consumer had recommendations from Dementia Support Australia which were not incorporated into their care plan.

In their response, the approved provider disputes the finding of the Assessment Team and stated that the service has an ongoing partnership with consumers and others in the care of consumers. This is accomplished through regular case conferencing and daily consultation with consumers. The approved provider disputed that recommendations from Dementia Support Australia were not incorporated into the care plan although evidence for this was not provided.

Whilst the approved provider has submitted information to describe how they partner with consumers, their representatives and other organisations; they did not provide specific information which demonstrates this has occurred. In the absence of this evidence, and when considering the Assessment Team’s description of care planning documentation and consumer and representative feedback of being dissatisfied with their involvement in care planning, I consider the service does not meet this requirement.

I find this requirement is Non-compliant.

### Requirement 2(3)(e) Non-compliant

*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.*

The Assessment Team found that care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer in relation to behaviour management and upon return from hospital. Although incidents are included on some occasions in care plans, incidents have not been investigated and are not always reviewed to reflect cause and minimise risk for consumers sampled, especially around behaviour management. One sampled consumer wanders around the facility to occupy himself, at times unsupervised, and disrupts other consumers by entering their rooms. Some of these instances have led to physical altercations with another consumer. Whilst the consumer’s behaviours are recorded, the Assessment Team noted this was not done consistently and evaluation of what triggered the adverse behaviour was not always undertaken nor were strategies to mitigate his behaviour reviewed for effectiveness.

In their response, the approved provider states the consumer has undergone re-assessment for his behaviour by Dementia Support Australia and has been referred to their geriatrician.

The above does not demonstrate to me that strategies to mitigate the consumer’s behavioural concerns have been evaluated for effectiveness. Nor that following adverse events the consumer’s care was evaluated and adjusted to prevent future risk for the consumer and for others and improve consumer’s outcomes. I recognise that service’s efforts in reviewing the consumer’s needs with further referral.

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

**Summary of Assessment of Standard 3:**

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 – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team interviewed sampled consumers and representatives who indicated that they feel consumers receive appropriate clinical care. They mostly related this to staff being kind and caring. The Assessment Team observed that service did not demonstrate knowledge and skills related to chemical restraints, skin integrity and behaviour management. The Assessment Team noticed the service did not demonstrate that each consumer gets effective personal and clinical care. The provided care is not best practice, is not tailored to the needs of consumers and did not optimise their health and well-being.

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 report described feedback from sampled consumers and representatives which was generally unfavourable. The Assessment Team’s review of care plans and other records indicated that each consumer does not consistently get care that is safe, effective, or tailored to their specific needs and does not always optimise their health and wellbeing. Examples were identified where care does not always reflect best practice in relation to behaviour management, medication or chemical restraint management, skin integrity and pressure injury and falls prevention. The service has policies to guide staff practice, but it appears these are not always followed.

The Assessment Team reviewed care planning for several consumers. Recommendations from specialist services were not always successfully implemented resulting in adverse incidents. Recommendations for skin integrity and pressure injuries were often generic. Whilst the service has an appropriate wound care policy, wound charting was inconsistent and wound measurements were not always taken. Deficiencies in record-keeping were also identified. For example, one consumer had been recently hospitalised due to aggressive behaviour, and behaviour charts have been consistently filled out but there has been no evaluation of any behaviour or to inform the development of strategies to prevent future incidents. There were concerns raised regarding identification of consumers on chemical restraint and management of these consumers in accordance with the organisation’s policies and procedures. The Assessment Team reviewed the psychotropic self-assessment for the service and identified several consumers on chemical restraint; however, the service manager stated only one is chemically restrained. Consumer’s receiving anti-psychotic medication were receiving due to behavioural and psychological symptoms.

The Assessment Team reviewed the clinical indicators and observed a rise in skin tears, pressure injuries and incidents of aggressive behaviours. However, evaluation of these parameters to inform the development of strategies to prevent future incidents and provide care tailored to the consumer needs was not always present. Staff could describe the concepts of best practice, restraint minimisation and utilising the non-pharmacological interventions through diversional therapy, leisure and lifestyle coordination and by providing emotional support. Management at the time of the assessment contact stated staff skills in behaviour management and incident reporting require improvement.

In their response, the approved provider disagreed with the Assessment Team’s findings and includes information and supporting evidence about the named consumers:

* In relation to risks associated with a consumer’s behaviour, the provider disagrees and states that as per geriatrician review in June 2020, behaviour of concerns were discussed, and non-pharmacological approach was adapted with the consultation of next of kin. These strategies were added in lifestyle and leisure care plan. While some interventions were successful, and staff had tried on daily basis to engage him, the provider acknowledged that some have not been successful. They advise for this reason; the service has requested a follow up review from geriatrician in February 2021 to seek further interventions.
* In relation to incorrect identification of consumers on chemical restraint, the provider states that there is only one resident who is chemically restrained, as explained to Assessment Team at time of the assessment. The provider further states that the service has immediately audited all psychotropics rational forms following assessment contact and found that the referenced consumers had been misdiagnosed by their GP as having behavioural and psychological symptoms and this has since been rectified.
* In response to concerns regarding skin integrity and pressure injuries, the approved provider considered they had provided best practice care and appropriate intervention to the affected consumers and resultantly, resolved their injuries in a timely manner.
* The approved provider addressed concerns raised regarding falls prevention for a consumer.

In relation to the consumer with behavioural concerns, I acknowledge the provider’s efforts in securing a follow-up appointment with a geriatrician. However, I am not satisfied that during this delay, strategies to manage the consumer’s behaviour were reviewed for effectiveness and were therefore able to address the consumer’s current needs. In relation to the use of chemical restraint, I do not consider the service reviewed the care planning documentation of affected consumers to ensure they were receiving appropriate care, as demonstrated by their acknowledgment of misdiagnosis. Given this, I am not confident that affected consumers were receiving care that optimised their well-being. In relation to skin and pressure injuries and falls prevention, I am not satisfied that the service provided best practice care consistently.

I do not consider that at the time of assessment contact, the approved provider’s approach to providing care was tailored, safe and optimised the well-being for all consumers.

Therefore, 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.*

The Assessment Team noticed that the service did not identify behaviour management as a high impact risk for consumers although it is evident that the challenging behaviour of some consumers is of high impact and high prevalence. Management stated that the service does not use chemical restraint. However, the Assessment Team identified chemical restraint practices being used, particularly regarding one consumer. The management of chemical restraint at the service does not demonstrate non-pharmacological interventions are being implemented effectively.

For one consumer, chemical restraint has been used but was not identified as such and an end-of-life medication was used to manage the consumer’s behaviour. The service could not identify what constitutes as chemical restraint nor how to manage the consumer’s at times challenging behaviour. The Assessment Team interviewed the representative who was also unaware about the number of medications and was under the impression that the consumer is only on medication to manage his diabetes. In addition, the Assessment Team noticed that the service did not ensure appropriate and timely assessment of falls, pressure injuries and has not developed effective interventions to prevent injury and does not always investigate incidents to identify the strategies to prevent future incidents.

In their response the approved provider disagreed with the observations of the Assessment Team. They also stated the service shares the preventative risk and high impact concerns in regular staff meetings and at clinical governance committee for further analytical discussion to come up with the strategic solutions aiming to minimise impact and mitigate the risks identified in their statistical analysis using their monthly clinical audits (MOA). The provider further states they are prioritising curtailing and addressing the gaps and issues so better care and management of residents’ health and condition is achieved.

I acknowledge the service’s efforts towards addressing this gap through further monitoring, evaluating the risk and staff training and education and internal reviews. However, it is apparent that at the time of the assessment contact, the service could not demonstrate effective management of high-impact or high-prevalence risks. Particularly in the use of chemical restraints or the use of non-pharmacological strategies to mitigate risk.

Based on the information provided I find this requirement is Non-compliant.

### Requirement 3(3)(e) Compliant

*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.*

The Assessment Team found that the service demonstrated 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. Staff, including allied health professionals, have access to the consumer electronic documentation. Staff interviewed described that when changes occur, they can get information from progress notes, message boards and handover documents. The Assessment Team found that for most consumers sampled, the progress notes and handover documents provided adequate information to support safe sharing of the consumer’s care.

I have considered the Assessment Teams report and I find that at the time of the performance assessment relevant information about the consumer’s condition, needs and preferences was documented and communicated within the organisation and with others where responsibility for care is shared.

I find this requirement Compliant.

### Requirement 3(3)(g) 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 that the service has an antimicrobial stewardship policy that aims to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. The service’s infection prevention and control education program include instructions about antimicrobial stewardship and approaches to making sure consumers with infections receive the right antibiotics to treat their condition. The policy identifies that the organisation reports on and conducts audits to support antimicrobial stewardship.

Interviewed nursing staff were aware of the need to minimise and support the appropriate use of antibiotics, with staff being able to describe the appropriate practices to support optimal care and reduce the risk of increasing antibiotic resistance. Clinical care staff supervise the staff to ensure in the event of an outbreak, information is communicated, and everyone is aware of the situation and aware of PPE procedures and requirements.

The Assessment Team observed the hygienic practices of the staff, concluding that while staff properly conducted personal hygiene, such as handwashing and masks, they failed to disinfect shared equipment. Furthermore, there was a clear lack of sanitising agents near appropriate areas, such as water stations, and proper signage in corridors. Currently, the Team is reviewing vaccination records and gaining consents for the new COVID-19 vaccine.

I have considered the Assessment Teams report and I find that at the time of the performance assessment the service was able to demonstrate appropriate practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. Overall, the service was sufficiently equipped, and staff sufficiently informed on how to minimise infection related risks through implementing standard and transmission-based precautions to prevent and control infection.

I find this requirement 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

**Summary of Assessment of Standard 5:**

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team interviewed sampled consumers who confirmed that they feel safe at the service despite the COVID-19 restrictions which has impacted their life and they miss having their visitors. The consumers stated they appreciate management and staff and what they are doing to keep them safe during this pandemic. The consumers also stated that they feel at home and their visitors feel welcome outside of COVID-19 restrictions. The Assessment Team observed, and consumers also confirmed, the service is always kept clean and that staff are always available to help them make their rooms homely.

The interviewed consumers confirmed that the service is clean and well maintained. They said that the cleaning and maintenance staff are very good, and any requests are attended to in a timely manner. The Assessment Team observed the service environment was observed to be clean and appeared to be well maintained. Document reviewed by the Assessment Team noticed the facility’s electronic maintenance schedule supported the existence of an effective preventative maintenance system, to ensure that equipment is always safe and clean in accordance with their schedule.

## A compliance rating for the Standard has not been made as only two requirements were assessed. All assessed requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) 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’s report described observations which confirmed the service environment is safe, clean, well maintained, and comfortable. Consumers and visitors can freely access both indoor and outdoor areas. Consumers and representatives reported feeling satisfied with the cleanliness, safety and maintenance of the service environment.

I find this requirement Compliant.

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

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

The Assessment Team’s report notes there are relevant policies and procedures to guide management and staff in ensuring equipment is safe, clean, well-maintained and suitable for each consumer. Staff interviewed were able to describe how they know the equipment used for moving and handling consumers is safe, and how regularly the equipment is cleaned and the process of equipment repair. The service has preventative and corrective maintenance processes and maintenance requests are actioned in a timely manner.

The Assessment Team observed that that furniture, fittings and equipment were safe, well maintained and suitable for the consumer in rooms and communal areas. Feedback from samples consumers and representatives supported this and they stated they had not experienced any issues or difficulties with equipment.

Given the above observations and feedback from consumers and representatives, I find this requirement is Compliant.

# STANDARD 6 Feedback and complaints

### 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 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.

## Assessment of Standard 6

**Summary of Assessment of Standard 6:**

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 – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The Assessment Team interviewed sampled consumers who felt they can make complaints and feel safe to do so. Consumers interviewed generally felt that changes were made at the service in response to complaints and feedback, the continuous improvement plan reflected this. They were also able to describe different ways they could provide feedback and complaints.

The service provided comprehensive documentation, such as complaint logs and reports and minutes of resident meetings that showed consumer feedback and complaints are captured, analysed and resolved. There is a policy for open disclosure and management provided examples of when it has been practiced. All staff interviewed stated they had received education on open disclosure and understood what it meant.

## A compliance rating for the Standard has not been made as only two requirements were assessed. All assessed requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team received feedback from consumers (or a representative on their behalf) who acknowledged and commented that the service is responsive to their complaints and implements appropriate action.

Staff interviewed were able to give examples of how the organisation is actioning and resolving consumer complaints when they arise and report and document the complaint details in case plans and progress notes. Staff also explained the process of escalation and demonstrated a clear understanding of the service’s open disclosure policy and process. The Assessment Team reviewed the complaint register and noted that the complaints are investigated, promptly actioned, evaluated and a response and resolution is provided to consumers and representatives.

I am of the view that the Assessment Team’s report was predominantly in support of the requirement being met, including that there are policies and procedures to guide management and staff which they understood and readily practiced.

I find this requirement is Compliant.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team reports how the service reviews and acts to make improvements to the care and service of consumers based on feedback and complaints data and information. The service has policies and procedures to guide how complaints are identified, investigated, and follow-up of outcomes. Most consumers and representatives sampled said they have seen improvements in activities like recent bus trips and improvements in food quality and choices based on recent feedback.

Staff interviewed were able to give examples of how the organisation is using feedback and complaints to improve the quality of their care and service regarding the environment and clinical care and were able to describe improvements made over the past few months due to the appointment of new management. Management stated improvements have been made because of consumer and representative feedback, from surveys and complaints. The Assessment Team observed the complaint register shows how consumer complaints and feedback are used to inform the management team in making improvements to the quality of care and services.

Given the above, I find this requirement is Compliant.

# STANDARD 7 NON-COMPLAINTHuman 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

**Summary of Assessment of Standard 7:**

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The Assessment Team interviewed sampled consumers who confirmed that staff are kind and caring. All consumers interviewed were satisfied with the staff at the service and that they attend to their needs in a timely manner. Consumers interviewed confirmed that staff know what they are doing and felt confident that they had the skills and knowledge to meet their care and lifestyle needs. The Assessment Team observed staff attending to consumers in a calm and kind manner. Majority of staff interviewed confirmed that they can complete their tasks each day.

However, staff displayed a lack of understanding in some areas of clinical care. There is a new training schedule and system in place, but it is still a ‘work in progress’. The organisation has introduced a new performance review system; however, majority of staff have not completed their review. Refer to Standards 2 and 3 for details.

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) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team observed that the service was unable to effectively demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The Assessment Team observed that the service has comprehensive orientation process, code of conduct and performance reviews however, some staff lacked satisfactory knowledge in some areas required to meet consumer needs such as in behaviour management knowledge, psychotropic medication management and antimicrobial stewardship.

The consumers and representatives interviewed by the Assessment Team provided positive feedback about the staff skills and knowledge and felt confident in the care being delivered.

In their response, the approved provider stated that the as per the organisation’s recruitment policy, their staff has formal qualification and knowledge to effectively perform their role, however they did not submit information to confirm competencies identified for each role and confirmation that these have been assessed. They provided information regarding how the service identifies staff training needs, such as audits and monthly clinical indicators, and incorporates them into the staff training calendar to promptly address knowledge and competency gaps.

I am satisfied that the evidence provided by the approved provider substantiates there is not a systemic issue in workforce competency and qualifications.

I find this requirement is Compliant.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Consumers and representatives informed the Assessment Team that they are satisfied with the staff skills, knowledge and did not express any concern about staff training. However, the Assessment Team found that the organisation could not effectively demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

While the Assessment Team’s findings in relation to Standards 2 and 3 reflect gaps in staff knowledge and skill relating to the identification of chemical restraint, managing critical incidents and understanding of the risks associated with falls, I have addressed these in my compliance finding in those standards. The Assessment Team was informed by the new care manager that they are working towards changing the culture of the service to ensure that staff understand their responsibilities. The Assessment Team observed that most of the registered nurses require skills improvement, which the care manager confirmed. Some care staff were not sufficiently familiar with the electronic clinical documentation system and require more training, although it was introduced in mid-September 2020.

In their response, the approved provider stated that the organisation’s policy for staff recruitment is minimum Certificate III in aged care or two-years university nursing students. The provider stated that service’s registered nurses and assistant in nursing have had their formal qualification and competency training. The approved provider said a new care and facility manager has commenced work at the service and are building relationships and gaining feedback on areas requiring improvement, including upskilling the workforce. The approved provider stated that the service has made changes after a staff survey and a training calendar has been implemented based on their feedback. The approved provider stated that the service is designing a system to promptly identify any knowledge and practice gaps staff may have and agree it is a work in progress and making an ongoing improvement it is priority. The provider has also stated that having a robust and vigorous training system does not means the staff aren’t qualified.

It is my view that the service has made efforts to learn and understand the deficiencies and training needs of their workforce in relation to the Standards and has implemented strategies to address them to improve care outcomes for consumers.

Based on the information provided, I find this requirement is Compliant.

### Requirement 7(3)(e) Non-compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team observed that the organisation could not demonstrate that there are systems in place for the regular assessment, monitoring and review of the performance of each member of the workforce is undertaken at the time of the site visit. Some interviewed staff said they have never had a review since commencing work at the service. The Assessment team reported a new performance feedback review process has been introduced; however, only four of the 60 staff have completed their review.

The approved provider submitted information about the issues raised by the Assessment Team. They did not dispute the finding that there is a very low completion of performance reviews. I acknowledge that the service’s plan for continuous improvement has been implemented since the last site visit and a new facility manager and care manager commenced their roles. They have had individual meetings with all staff to get to know them and develop goals and gain their feedback. I acknowledge the approved provider has stated there are systems in place to assess, monitor and review staff practices, from orientation to professional development. However, I accept the findings of the Assessment Team that this is an improvement in progress. The service requires further time to demonstrate the systems it is putting into place are effective and will be consistently applied in managing each member of the workforce’s appraisal.

Based on the information provided 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

**Summary of Assessment of Standard 8:**

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team interviewed sampled consumers who were able to provide examples of how they are involved in the development, delivery and evaluation of care and services as representatives on various committees, attending food and lifestyle and resident relative meetings. Management described the comprehensive range of consumer feedback and engagement strategies used by the service, and consumers also discussed these with the Assessment Team.

The service is part of the Jesmond Group’s organisation wide-governance structure and framework. The chief executive officer, chief operations officer and a newly appointed board member were able to demonstrate the governance systems through which the board ensures and engages in the provision of safe, quality and effective consumer care compliant with legislative requirements and the Quality Standards. However, these systems are not yet embedded at Miranda Aged Care Facility.

As Assessed by the Assessment Team in Standard 3, while a risk management framework exists, effective risk management systems and practices were not demonstrated in general or specifically in relation to managing high-impact or high-prevalence risks associated with the care of consumers; identifying and responding to behaviours of the consumers; or supporting consumers to live the best life they can.

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)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

The Assessment Team’s report includes observations which confirms the service’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Management was able to describe several ways in which the organisation’s governing body promotes a culture of safe, inclusive and quality care and services. The governing body ensure that the service is accountable for their delivery by its engagement in and the changes it has made because of consumer feedback, experience and significant safety incidents. The Board ensures that the service is meeting Quality Standards; and its communications to consumers and staff regarding the Quality Standards and what it means to them.

I find this requirement is Complaint.

### Requirement 8(3)(c) 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 reported that the service has introduced new organisation-wide governance systems in the key areas of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service is governed by the Jesmond Group overall governance framework and accountability structure. It was noted by the Assessment Team that the service demonstrates sound local governance system which feeds into the overall the group governance framework. However, the newly introduced governance systems have not been embedding the organisational structure at this care facility visited by the Assessment Team and information and continuous improvement systems are still not robust.

The Assessment Team identified the organisation has a continuous improvement framework. This was assessed across three specific scenarios with management and they were able to demonstrate a methodical approach to ongoing monitoring, review and service improvement. The Assessment Team observed that service has monthly board and clinical meeting and in these meeting information, feedback and data is reviewed and discussed to continually to be improved the safety and quality of care provided to consumer.

The Assessment Team noted the service management provides an overview of its financial management and noted that the service has financial governance and board receives monthly reports about expenditure related existing facilities and approves the capital expenditures for future or large items. In relation to regulatory compliance matters, The Assessment Team noticed the service has provided education and training to the staff to implement the legislative change in new reportable assault requirements.

The Assessment Team interviewed care staff who confirmed they can readily access information needed to provide care such as the service’s clinical management system and hardcopy consumer files. The Assessment Team did identity some deficiencies in clinical documentation as reported in Standards 2 & 3.

In their response, the approved provider said that the organisation has introduced a new organisation wide effective, comprehensive governance system. It was also stated that the organisation’s governance team provides onsite support and monthly audits system and process to ensure the performance is well on track and meeting its policy, planning and operational goals. The approved provider has provided the minutes of the board and clinical team meeting minutes as an indicator about the efforts and strategies the organisation is implementing for continuous improvement. The approved provider stated the risk and concerns are discussed in meetings to ensure the consistency and quality of the care and services are properly escalated and investigated. However, the approved provider acknowledged there might be ad hoc gaps in some areas but denied the systemic deficit. The approved provider has stated that the organisation has captured all areas in their continuous improvement plan to ensure its regularly monitored and evaluate its performance.

I acknowledge the comprehensive response from the approved provider in addressing the matters raised under this requirement. I am satisfied that the service at large has an appropriate governance structure in place to improve consumer outcomes and whilst there are areas which may require ongoing improvement, this does not constitute a systemic deficit.

Based on the information provided I find this requirement is Compliant.

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

*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.*

The Assessment Team found that whilst a risk management system is in place, it has not been effective in identifying high impact or high prevalence risks associated with the care of consumers. Deficiencies identified in Standard 2 and 3 are the subject of the compliance decision on these requirements. Staff were asked whether policies had been discussed with them and what they meant for them in a practical way. Staff responded that they had been educated about some of the policies.

The Assessment Team reported the organisation has governance-risk management policy and procedures as part of its overall governance. This includes a commitment to effective risk management, and guidance for management and staff about managing high impact or high prevalence risks associated with the care of consumers. These also reference how to eliminate and evaluate risks to support consumers to live their best life. The policy and procedure include that the organisation will identify educational, and training needs to improve the staff capacity to deliver effective care and will identify and categorise the major risks faced and create a proactive risk management plan.

In their response the approved provider wrote the organisation is using monthly clinical audits to identify risk and high impact concerns which are then shared with staff during regular meetings and elevated to the clinical governance team for further discussion to come up with the strategic solution aiming to minimise and mitigate the risks. It is noted from the clinical governance committee minutes that the service is currently trialling an improved clinical risk monitoring tool. However, as it is not embedded in the service, it is difficult to measure the effectiveness of this at this time.

I acknowledge the range of actions taken by the approved provider in their response to the report to address the issues raised under this requirement. However, I have considered these changes are recent and ongoing and will require further review and development. It is my view the organisation and service require further time to show the changes made have been effective in addressing the issues raised under this requirement.

Based on the information provided I find this requirement is Non-compliant.

### Requirement 8(3)(e) Compliant

*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.*

The Assessment Team provided information that an effective clinical governance framework is not in place including but not limited to the following: antimicrobial stewardship; minimising the use of restraint; and open disclosure. The Assessment Team found clinical governance framework that outlines the responsibilities, structures and expectations regarding the provision of quality clinical care to ensure the safety health and wellbeing of consumers. Staff confirmed they had been educated about the policies and were able to provide examples to the Assessment Team of their relevance to their work.

There is a documented clinical governance framework and the organisation has policies for antimicrobial stewardship, minimising the use of restraint and open disclosure however after prompting they were able to talk and explain what to do when there is infection breakout or manage infection. A review of the services training program identified training has occurred in antimicrobial stewardship. In relation to a clinical framework to minimise the use of restraint, restraint has not been identified or managed effectively at the service (Refer to Standard 3 Requirement 3 (3) (g) and Standard 6 Requirement 6 (3) (c).

I have considered the Assessment Teams report and I find that at the time of the performance assessment provider does comply with this requirement as it has demonstrated that theclinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure and increase the well-being of the consumers.

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.

**Standard 2 Requirements**

**Requirement 2(3)(a)**

*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.*

* Demonstrate that assessment and planning ensure any consideration of risk supports the delivery of safe and effective care and services and supports consumers’ health and well-being.
* Monitor and review the effectiveness of these assessment and planning processes.

**Requirement 2(3)(b)**

*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.*

* Ensure that assessment and planning identify and addresses consumer goals and preferences, reflect current needs and that it includes managing end of life planning as and when required.

**Requirement 2(3)(c)**

*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.*

* Demonstrate that assessment and planning, and review, is based on ongoing partnership with consumers and other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

**Requirement 2(3)(e)**

*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.*

* Demonstrate that care and services are effectively reviewed, particularly when circumstances change or when incidents impact on consumer needs, goals and preferences.
* Review and monitor the effectiveness of the systems and processes to support the review of care and services.

 **Standard 3 Requirements**

**Requirement 3(3)(a)**

*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.*
* Demonstrate that consumers get safe and effective care and services that are tailored to their needs, are best practice and optimises their health and well-being, including but not limited to behaviour management, identification and management of chemical restraint, and ensuring personal care is optimising the health and well-being.

**Requirement 3(3)(b)**

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

* Demonstrate consistent management of high-impact and high prevalence risk, including but not limited to chemical restraint, falls prevention and nutritional risk.
* Demonstrate that review of care plans and documents identifies such risks and provides staff with clear and consistent instructions and strategies to manage them.

**Standard 7 Requirements**

**Requirement 7(3)(e)**

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

* Ensure the ongoing performance appraisal of each member of the workforce.

 **Standard 8 Requirements**

**Requirement 8(3)(d)**

*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.*
* Demonstrate effective risk management systems and practices in relation to the matters identified