Regis Greenbank

Performance Report

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**Commission ID:** 5218

**Provider name:** Retirement Care Australia (Logan) Pty Limited

**Assessment Contact - Site date:** 13 April 2021 to 15 April 2021

**Date of Performance Report:** 20 May 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 |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | 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 Approved Provider’s response to the Assessment Contact - Site report received 7 May 2021.

# 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

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

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

Care documentation for some consumers reflected individualised care that is safe, effective and tailored to specific consumer needs and preferences. However, the service was unable to demonstrate that all consumers had received personal and clinical care that is tailored to their needs and optimises their health and wellbeing.

For two named consumers, review of care documentation and interview with staff did not demonstrate the effective management of their care.

For one named consumer, the service was unable to demonstrate effective behaviour management strategies that were tailored to the needs of the consumer and optimised the consumer’s health and well-being. The consumer who has cognitive impairment and a history of falling, was observed by the Assessment Team during the Assessment Contact outside the service in an unsafe environment. Staff were in attendance encouraging the consumer who displayed resistive behaviours to return to the service. The consumer’s representative and staff reported that the consumer has a history of leaving the building unaccompanied and the Approved Provider in its response dated 7 May 2021 acknowledges that the consumer has been identified as accessing the car park.

The Assessment Team found that incident data prior to 29 March 2021, when the incident management system was reviewed, did not include all incidents involving the consumer leaving the building and being found in an unsafe environment. Staff confirmed that prior to this date these incidents were not consistently captured in incident reporting mechanisms.

Strategies to support the consumer’s behaviour and to monitor their well-being were not effective and while there was an extensive history of these types of incidents, incident data to inform care planning was not accurate. The consumer’s representative and staff advised that the service had not referred the consumer to external specialist services such as dementia advisory services to assist in supporting the consumer’s care.

The approved provider in its response states that deficiencies relating to the care of the consumer are primarily related to deficits in documentation. I am not persuaded by this argument as there is evidence that the consumer was regularly wandering unaccompanied in an unsafe environment, strategies to support the consumer were ineffective and the service had not sought external specialist advice in a timely manner.

For another named consumer the service was unable to demonstrate effective management of the consumer’s psychological wellbeing. Staff interviewed confirmed they had not received education on how to manage the consumer’s care needs. They said they often work on their own and do not have time to complete tasks including visual monitoring of consumers.

Consumers and representatives provided mixed feedback about the care consumers received. While some consumers were satisfied with the care provided, other consumers and representatives expressed dissatisfaction in relation to personal and clinical care delivery. They said that consumers have experienced delays in staff responding to requests for assistance and staff not having an understanding of consumers’ needs and preferences.

Registered staff said due to time constraints, they are not always able to provide clinical oversight or supervision to care staff and/or ensure staff are providing optimal and effective care.

Care staff said that there is not always enough staff across the shifts to attend consumers’ needs in a timely manner and in line with their preferences and care plan.

The Organisation had policies, procedures and guidelines to guide staff practice in relation to restraint, wound management, pain management and falls prevention and management. Review of care documentation confirmed current assessments, informed consent and authorisations are in place for consumers who are subject to restraint.

I acknowledge the Approved Provider has implemented actions to rectify deficits including reassessment of named consumers; the review of all consumers with identified risks and the completion of relevant risk rating in accordance with the organisation’s policy, and staff education in the organisation’s risk rating system and behaviour management for consumers. However, at the time of the Assessment Contact the service did not consistently demonstrate that all consumers receive individualised care that is safe, effective and tailored to specific consumer needs and preferences. Therefore, I find the service Non-compliant in this requirement.

# STANDARD 5 NON-COMPLIANTOrganisation’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

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

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

## Assessment of Standard 5 Requirements

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

*The service environment:*

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

Consumers and representatives expressed satisfaction with the comfort of the services living environment.

However, interviews with consumers and staff, and observations identified that consumers including those with cognitive impairment and who are assessed as requiring environmental restraint can freely exit the service unaccompanied via an emergency exit gate which routinely should be secured.

Staff said concerns relating to the ability to breach the emergency gate have been previously raised with management and that actions implemented by the service to deter consumers from using the emergency exit gate have been ineffective. Management said the service will implement further actions to minimise the risk for one named consumer identified as at risk for wandering and who is assessed as requiring environmental restraint. I note that the Approved Provider has acknowledged that actions implemented to deter the named consumer from using the exit gate have not been effective.

I acknowledge the Approved Provider has implemented actions to rectify deficits in this requirement including the purchase of proximity sensors, increased monitoring by staff and the implementation of signage. However, at the time of the Assessment Contact the service did not demonstrate the safety of all consumers was managed effectively. Therefore, I find the service Non-compliant in this requirement.

# 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

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

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 service was unable to demonstrate the number and mix of staff enabled the delivery and management of safe and quality care and services.

A significant number of consumers and representatives said there is insufficient staff at the service, resulting in consumers’ care needs not being met in a timely manner or in accordance with their preferences and care needs. For example, consumers having to wait extended periods of time for staff to assist in hygiene cares and consumers who require staff assistance not being supported to mobilise.

Two consumers and representatives reported that when the consumer uses their call bell, staff turn off the call without delivering the care required saying they are ‘too busy’ or require assistance from another staff member. The consumers provided examples of how this had resulted in them being left on the toilet unattended for extended periods of time.

Care staff reported there is insufficient staff at the service and said they have not had time to complete tasks including assisting with hygiene and toileting, and consistently delivering individualised care to consumers.

The Assessment Team brought forward information under other requirements that registered staff stated they are not always able to provide clinical oversight or supervision to care staff and/or to ensure staff are providing optimal and effective care, due to time constraints.

A review of call bell response times for the period March to April 2021 identified there were a number of occasions when call bells went unanswered for a period longer than the service’s benchmark. The Assessment team reviewed call bell data from March to April 2021 and identified that more than 737 call bell responses were over the service’s benchmark time of 10 minutes. Management advised that the service does not routinely monitor and analyse call bell response times but will do so in response to a complaint or feedback relating to staffing.

Management said in the two weeks prior to the Assessment Contact, the service was only able to fill eight of fourteen agency shift requests for care and registered staff. Staff confirmed there were insufficient care staff to fill the roster or backfill shifts when staff take unplanned leave. Staff reported they do not always have sufficient time to complete their work.

The Approved Provider’s response stated the service operates a flexible staffing model and ensures a safe number of skilled staffed are working within the service at all times. Management reported the service proactively engages with workforce agencies, however with the emergence of COVID-19 the availability of agency staff to fill shifts at short notice is extremely limited.

I acknowledge the Approved Provider has implemented actions to ensure a planned workforce including ongoing recruitment, analysis of call bells and communication to all staff in relation to call bells response times. However, at the time of the Assessment Contact, the strategies implemented by the service to ensure sufficient staff were in place to deliver quality care were ineffective and consumers had experienced delays in care provision and this had a negative impact on their health and wellbeing.

Therefore, I find the service Non-compliant in this requirement.

# 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

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

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)(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*
4. *managing and preventing incidents, including the use of an incident management system.*

The organisation was unable to demonstrated effective risk management systems, including the management of high impact and high prevalence risks.

The organisation documented Risk Management framework includes policies to guide staff in the management of high impact and high prevalence risks for consumers; identifying and responding to the abuse and neglect of consumers; and supporting consumers to live the best life they can. Staff confirmed they have received training on these policies and provided examples of how these are relevant to their day to day work.

However, while the organisation has a Risk Management procedure to guide staff in including assessing risk and the applying of a risk rating, review of care documentation identified registered staff did not have a shared understanding of the risk rating system resulting in incorrect level of risk and subsequent risk minimising strategies being implemented for three named consumers.

The Serious Incident Response Scheme came into effect on 1 April 2021, which required Approved Providers to demonstrate process in relation to the management and prevention of incidents. Review of documentation and interview with management confirmed the service has an incident management system, and an updated incident matrix was implemented on 29 March 2021. However, Registered staff interviewed were not aware of their responsibilities in relation to incident reporting responsibilities including completion of the incident matrix. Review of documentation confirmed not all incidents were reported in accordance with the organisation’s Incident Reporting policy, and incidents reported were not consistently analysed to identify the risks associated with the care of individual consumers.

I acknowledge the Approved Provider has implemented actions to rectify deficits including training of Registered staff in incident management responsibilities including specific requirements under the Serious Incident Response Scheme and actioning improvements to the electronic incident management system. However, these actions have not been tested for effectiveness and therefore, I find the service Non-compliant in this requirement.

# 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) – Ensure each consumer gets safe and effective personal care, clinical care, or both personal and clinical care this is best practice; is tailored to their needs; and optimises their health and well-being.
* Requirement 5(3)(b) - Ensure the service environment is safe and comfortable for all consumers.
* Requirement 7(3)(a) – Ensure the service’s workforce is established to deliver safe and quality care and services.
* Requirement 8(3)(d) – Ensure the service has effective risk management systems including management of high impact high prevalence risk; identifying and responding to abuse and neglect of consumers, and managing and preventing incidents.