Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | SummitCare Randwick |
| **RACS ID:** | 2332 |
| **Name of approved provider:** | Frenchmans Lodge Nursing Home Pty Limited |
| **Address details:** | 15 Frenchmans Road RANDWICK NSW 2031 |
| **Date of site audit:** | 22 October 2019 to 25 October 2019 |

**Summary of decision**

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| **Decision made on:** | 26 November 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 11 December 2019 to 11 June 2021 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Not Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Not Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Not Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Not Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Not Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Not Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Not Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 26 February 2020 | |
| **Revised plan for continuous improvement due:** | By 11 December 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of SummitCare Randwick (the Service) conducted from 22 October 2019 to 28 October 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Regional Manager Quality and Compliance | 1 |
| General Manager | 1 |
| Manager, Customer Support and Administration | 1 |
| Assistant Manager Care Services | 1 |
| Nurse Advisor (external) | 1 |
| Consumers | 24 |
| Representatives | 11 |
| Clinical staff | 4 |
| Care staff | 8 |
| Hospitality and environmental services staff | 8 |
| Lifestyle staff | 2 |
| Maintenance | 2 |
| Visiting service providers such as allied health professionals | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

#### Organisation statement:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team recommends four out of six requirements in relation to Standard 1 are met.

Of Consumers randomly sampled, 94% said staff treat them with respect either most of the time or always. This includes being able to participate, if they wish to do so, in making informed choices about their care and services through their participation in case/care conferences as well as being able to choose how to spend their time.

Consumers said they felt very safe at the service which included staff and management respecting their cultural and spiritual beliefs. Consumers and their representatives were satisfied that the organisation is mindful and supportive of the consumers right to undertake risks to enable them to live the best life they can. This can include maintaining social links within the local community to choices regarding diets.

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

However, the service was not able to demonstrate that consumers are treated with dignity and respect which includes the delivery of care and actively involving consumers and their representatives in discussions about care and services to assist in ensuring needs are being met.

The service has systems to ensure the privacy and confidentiality of information retained within the electronic care system and management systems. However, staff practices do not reflect the privacy and dignity values the organisation upholds. Management did not demonstrate it adequately monitors staff practices in the delivery of care.

#### Requirements:

##### Standard 1 Requirement 3(a) Not Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

##### Standard 1 Requirement 3(f) Not Met

The organisation demonstrates that each consumer’s privacy is respected, and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

2. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team recommends five out of five requirements in relation to this Standard 2 are met.

Of the consumers randomly interviewed 56% said they have a say in their daily activities most of the time or always and 100% of consumers reported feeling safe at the service.

There are processes for assessing consumer needs and preferences and the service seeks input and advice from other professionals to ensure consumers get the right care.

Advanced care planning is offered to all consumers and their choices are documented*.* Scheduled meetings are conducted with consumers and their representatives to discuss their care with them. Management said a copy of the case conference form including a summary care plan is available to both the consumer and their representatives.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

2. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being

#### Summary of Assessment of Standard 3:

#### The Assessment Team recommends that five of the seven requirements in relation to Standard 3 are met.

Of the consumers randomly sampled 88% said they get the care they need most of the time or always. Consumers were appreciative of the care they receive however the Assessment Team were also given examples of occasions when care or services were not as they expected them to be.

Review of care documentation shows that care plans and assessments are reviewed and updated by registered nurses’, but care provided is not always reflective of current care needs and/or best practice, care is not always tailored to consumers current needs to optimise their health and wellbeing.

Effective management of high impact or high prevalence risk associated with each consumers health and well-being was not demonstrated by the organisation in relation to medication and behaviour management, wound management and falls management.

The organisation demonstrated that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Registered nurses are allocated to be on duty in the service twenty-four hours a day.

The organisation has several external services contributing to the care provided to the consumers. There is a referral process and the organisation maintains contract with allied health providers who visit consumers when needed.

The organisation has an infection control system in place and staff were familiar with universal precautions and antimicrobial stewardship.

#### Requirements:

##### **Standard 3 Requirement 3(a) Not Met**

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

##### **Standard 3 Requirement 3(b) Not Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Not Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

#### Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team recommends six of seven requirements in relation to Standard 4 are met.

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

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

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

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

The service was able to demonstrate it provides equipment that is safe clean and well-maintained. However, it was not able demonstrate it provides equipment that is suitable for the delivery of care and services to consumers. Review of documentation showed lack of education and insight by staff when attending to the care of consumers identified as falls risk.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Not Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### Consumer outcome:

1. I feel I belong, and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

#### The Assessment Team recommends two out of three requirements in relation to Standard 5 are met.

Of consumers and representatives randomly interviewed, 56% said they feel at home most of the time or always. 44% of those interviewed said they feel at home some of the time or never.

The service was observed to be welcoming, clean and well maintained. Consumers’ rooms were observed to be decorated with memorabilia, photographs and other personal items.

Consumers did not raise any concern about the service furnishings, equipment or environment and are aware of the ongoing refurbishments and the relocation of some consumers to level two of the service. Consumers confirmed the service is always clean and there are plenty of communal spaces for their own enjoyment or for use with family and visitors. Consumers interviewed confirmed they are satisfied with environment at the service.

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

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

The service was not able to demonstrate it provides an environment that enables consumers to move freely indoors and outdoors. Observation of the environment, in particular communal areas and thoroughfares revealed the environment is not conducive to free and unimpeded movement about the service due to the storage and placement of mobility equipment and linen stores in hallways and corridors.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

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

##### Standard 5 Requirement 3(b) Not Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

2. 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.

#### Summary of Assessment of Standard 6:

The Assessment Team recommends three out of four requirements in relation to Standard 6 are met.

The organisation demonstrates adequate practices to ensure stakeholders are aware of and have access to mechanisms to provide feedback or make a compliant. Information is prominently displayed within the service and is communicated through various mediums including consumer handbooks and consumer meetings. The organisation was not able to demonstrate that appropriate action is taken in each case, to resolve feedback and complaints to the satisfaction of those seeking redress for matters raised. Feedback and complaints are reviewed by management and used to improve the provision of care and services provided by the service.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Not Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team recommends two out of five requirements in relation to Standard 7 are met.

The organisation demonstrates the workforce adequately planned and staffed to ensure adequate care and services are delivered. The organisation did not demonstrate that staffs interactions with consumers are kind, caring and respectful, considerate and responsive to consumers stated needs and preferences. Staff did not adequately demonstrate adherence to the services preferred practices regarding manual handling, respectful interactions with consumers or appropriate knowledge and skill to undertake accurate risk assessments for the use of restraints. The organisation did not demonstrate adequate processes to ensure all staff are appropriately educated and trained in the services mandatory training subjects.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

##### Standard 7 Requirement 3(b) Not Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Not Met

The organisation demonstrates that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Not Met

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

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team recommends four out of five requirements in relation to Standard 8 are met.

The organisation demonstrates that consumers have a say in the way care and services are provided to them including acknowledgement of consumers’ preferences for delivery of services. Most consumers interviewed said they have a say in their daily activities and the service is well run. Service staff are supported by an organisational governance framework which promotes a culture of safe, inclusive, quality care and services with clear lines of accountability. Organisation wide governance systems including continuous improvement, financial and workforce governance, regulatory compliance and processes to receive and manage feedback are embedded in service delivery practices.

The organisation did not demonstrate effective monitoring and review of information systems resulting in inaccurate records regarding risk assessments for physical restraints and gaps in education and training records.

The organisation demonstrates awareness of risk identification and risk management processes to ensure consumer safety and helping consumers to live the best life they can however, not all consumers with behaviours of concern are included on the services high risk register.

The organisation implements clinical governance frameworks that includes processes monitor and manage anti-microbial stewardship, minimising the use of restraint and a culture of open disclosure.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

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

##### Standard 8 Requirement 3(c) Not Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure.