Sunnymeade Park Aged Care Community

Performance Report

362-376 King Street   
CABOOLTURE QLD 4510  
Phone number: 07 5495 4233

**Commission ID:** 5208

**Provider name:** Jomal Pty Ltd

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

**Date of Performance Report:** 24 September 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | 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 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 dated 03 September 2021.
* other information and intelligence held by the Commission regarding the service.

# STANDARD 3 Non-Compliant Personal 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 results in a decision of Non-compliant for the Quality Standard.

### 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 service did not demonstrate an understanding of restrictive practices, including amendments to policy and procedure to guide staffs’ practice that aligns with legislative changes to restrictive practices that came into effect from 1 July 2021.

The Assessment Contact – Site Report provided information that identified that not all consumers at the service who were prescribed a psychotropic medication considered as a chemical restraint had assessments, authorisations and/or consents; and the service did not adequately demonstrate regular review of the restrictive practice.

Staff did not demonstrate understanding of restrictive practices, including a knowledge of consumers and individual strategies to be used prior to administration of a psychotropic medication (considered as a chemical restraint); and the requirement for ongoing monitoring and review of the consumer including the effects of the restrictive practice. Staff did not demonstrate awareness of the legislative changes to restrictive practices that commenced on 1 July 2021.

In relation to environmental restraint, the service did not adequately demonstrate an understanding of what is considered as an environmental restraint. The service had a secure living environment that was home for 10 consumers; however, the service reported 85 consumers were considered as subject to environmental restrictive practices as the service had a perimeter fence. Feedback to Management at the time of the Assessment Contact identified there was not locked gate to the perimeter fence and consumers residing outside of the service’s secure living environment can leave the service independently.

The service’s policy and procedure to guide staff in restrictive practices prevention and management was not contemporaneous and did not reflect legislative changes.

At the time of the Assessment Contact, feedback was provided to Management who identified the service had updated online training for staff in relation to restrictive practices.

The Approved Provider in its response has provided information in relation to actions taken and planned actions to address the deficiencies identified in the Assessment Contact – Site Report including the review and update of named consumers assessment and care plans; updating of the service’s Restrictive Practices policy; updating the Restraint Authority Form; additional staff training for Restrictive Practices including mandatory online modules.

I have considered information in the Assessment Contact – Site Report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, 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.

### 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.*

Registered staff demonstrated an understanding of precautions to prevent and control infection and strategies to minimise the need for antibiotics.

Staff demonstrated an understanding of how they minimise infection related risks and described the practical steps they took, for example handwashing, the use of personal protective equipment and the isolation of consumers who present with possible infections.

The service had implemented policies and processes related to antimicrobial stewardship, infection control and outbreak management to guide staff, including a nominated Infection Prevention and Control Lead who had completed training as required by the Department of Health.

The service had systems and processes to monitor infections through monthly clinical indicator reporting, including the appropriate use of antimicrobials via monthly reporting to the Medication Advisory Committee.

The service has implemented improvements in relation to planning and preparedness for a potential COVID-19 outbreak including documenting the nominated outbreak coordinator at the service, consumer and staff details, service plans to guide management and staff in the event of an outbreak.

For the reasons detailed, this requirement is Complaint.

# 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

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating or summary for the Quality Standard has not been provided.

## 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.*

Consumers expressed satisfaction that the service environment was clean, well maintained, safe and comfortable.

The service had processes for planned and unplanned maintenance, and included the daily review of reactive maintenance requests and a monthly preventive maintenance schedule.

The service environment was observed to be clean and communal areas included outdoor balcony and patio areas. Consumers had access to call bells in their rooms to request assistance from staff if required, and handrails were available in corridors to assist consumers to move freely and support mobilisation. The service had signage to guide consumers and visitors to various areas of the service.

The service had designated smoking areas that were equipped with fire extinguishers, fire blankets and cigarette ashtrays. A temporary assistance call bell was available in the designated smoking area for consumers to seek assistance.

The service had implemented improvements to the service environment to maintain consumer safety and comfort, including the ability for consumers to move freely, both indoors and outdoors.

For the reasons detailed, this requirement is Complaint.

# 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

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating or summary for the Quality Standard has not been provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

Consumers and representatives expressed they felt comfortable in raising concerns and providing feedback, and were aware of feedback mechanisms at the service.

Staff demonstrated an understanding of, and described the service’s complaints processes and how they support consumers to provide feedback regarding care and services.

The service had implemented improvement to ensure consumers, family, friends and others are encouraged and supported to provide feedback and complaints including updating of the consumer handbook and consumer agreements to inform consumers of complaints mechanisms at the service.

For the reasons detailed, this requirement is Complaint.

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

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

Consumers and representatives expressed satisfaction that the service had initiated appropriate response to complaints, for example the representative for one named consumer had made a complaint regarding the cleanliness of the room and the service’s response was acceptable.

The service provides information to consumers and staff on complaints actions via meetings and through the distribution of meeting minutes. Staff had completed mandatory training in feedback and complaints handling, understanding documentation requirements and open disclosure principles.

The service has a suite of policies and procedures which guides staff and management practice including the categorisation of complaints, response timeframes, documentation and open disclosure processes.

The service had implemented improvement to ensure actions are taken in response to complaints, and that open disclosure is used when things go wrong. For example, the service has commenced consumer meetings as a forum to raise, propose resolution actions and evaluate improvements in collaboration with consumers.

For the reasons detailed, this requirement is Complaint.

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

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

Consumers and representatives described improvements made as a result of their feedback.

Staff demonstrated an understanding of improvements made at the service in response to consumer feedback, for example the introduction of a laundry labelling process as consumer’s had reported laundry missing.

The service has implemented an electronic complaints system to enable the recording, analysis and trending of complaints, and timely response to consumer feedback provided.

The service had a suite of policies and procedures on feedback and complaints to guide staff, including how complaints contribute to continuous improvement.

The service had implemented improvement to ensure feedback is reviewed and used to improve consumer care and services.

For the reasons detailed, this requirement is Complaint.

# STANDARD 7 Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating or summary for the Quality Standard has not been provided.

## Assessment of Standard 7 Requirements

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

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

Consumers and representatives expressed confidence that staff have adequate training, knowledge and experience to deliver consumers care and services.

The service provides staff with training, support and professional development at orientation to the service and ongoing via supernumerary shifts, mandatory training and online training modules. Staff expressed satisfaction with training and education provided by the service.

The service identified staff training needs from a variety of sources including consumer and representative feedback, observations and via staff performance appraisals. Education and training needs are discussed at staff meetings.

The service had policies and procedures in relation to staff induction and training.

The service had implemented improvements to ensure the workforce is recruited, trained and equipped including online training and the education of staff in the Quality Standards during the service’s onboarding processes.

For the reasons detailed, this requirement is Complaint.

# STANDARD 8 Non-Compliant Organisational 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 results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

The service supports consumers to be engaged in the development and evaluation of care and services through a variety of ways, including at monthly consumer meetings, consumer surveys, feedback forms and at case conferences.

The service had implemented improvements to engage consumers in the development, delivery and evaluation of care and service including as part of staff recruitment processes; feedback as part of staff performance appraisals; and establishing a consumer advisory committee who provide feedback directly to the Board.

For the reasons detailed, this requirement is Complaint.

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The service did not adequately demonstrate effective organisation wide governance systems in relation to continuous improvement and regulatory compliance.

The services identifies opportunities for improvement through various sources including consumer and representative feedback, audits, surveys, clinical indicator reporting and clinical incident data. Information from audits and analysis of trends is reviewed by management at the service and reported to the Board. The service implemented an electronic incident management system in April 2021 to ensure accurate recordkeeping and enable effective review, analysis and reporting of incidents. The service also implemented an electronic assurance management system enabling the recording of the services plan for continuous improvement.

However, the Assessment Contact – Site Report provided information that identified the services plan for continuous improvement was not consistently completed, for example:

* improvement actions were not consistently recorded
* actions and improvements planned by the service in relation to all areas of care and service delivery were not captured. For example, the service was currently updating policies and organising training for staff in relation to restrictive practices, however this was not identified in the plan for continuous improvement.
* improvements recorded were not contemporaneous. For example, some actions taken in response to gaps identified at the Site Audit November 2020 have not been updated to capture improvement actions taken.

The Assessment Contact – Site Report provided information that at the time of the Assessment Contact management acknowledged the deficiencies and identified that training would be provided to ensure staff can utilise the new electronic systems.

The services monitors changes to legislation, industry standards and guidelines through subscriptions to various legislative services and peak bodies, and this is communicated via updates and the provision of information resources.

Since the implementation of the Serious Incident Response Scheme 1 April 2021, the service had reported 3 incidents. However, the Assessment Contact – Site Report provided information that:

* Consumers and representatives had not been informed of the Serious Incident Response Scheme requirements.
* The service had implemented mandatory online training for staff in the Serious Incident Response Scheme, however staff did not demonstrate an understanding of the Serious Incident Response Scheme requirements and their responsibilities as a result of this legislative change.
* Review of the service’s incident management policy identified information in relation to the Serious Incident Response Scheme including staff’s roles and responsibilities and outlines reporting timeframes. However, the neglect was not listed as a type of incident to be reported under the Priority 1 category.
* Review of the service’s ‘Restrictive Practices Prevention and Management’ policy and procedures identified the had not been updated to reflect the legislative changes effective 1 July 2021.
* Staff had also not received training in relation to the new requirements for restrictive practices.

The Assessment Contact – Site Report provided information that at the time of the Assessment Contact management identified that the service was in the process of updating the relevant policies and training for staff in the coming weeks.

The Approved Provider in its response acknowledged some gaps in the service’s processes for continuous improvement and provided information in relation to actions taken and planned actions to address the deficiencies identified in the Assessment Contact – Site Report. These include the introduction of a fortnightly clinical meeting to monitor continuous improvement actions; a monthly continuous improvement meeting to monitor the implementation and completion of improvement actions; administration staff have been trained and are responsible for the entry of improvement information into the electronic system.

In relation to regulatory compliance, the Approved Providers response provided evidence of actions taken and planned actions including email communication to consumers and representatives about the Serious Incident Response Scheme; staff training undertaken; review and update of service policies for Incident Management and Restrictive Practices Prevention and Management.

I have considered information in the Assessment Contact – Site Report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved provider, at the time of the Assessment Contact, the organisation did not demonstrate effective governance systems were in place in relation to continuous improvement and regulatory compliance. Therefore, it is my decision this requirement is Non-Compliant.

### Requirement 8(3)(d) 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 service demonstrated effective risk management systems and practices are in place, and the organisation had policies and procedures relating to:

* managing high impact and high prevalence risks associated with the care of consumers
* identifying and responding to abuse and neglect of consumers
* supporting consumers to live the best life they can
* managing and preventing incidents, including the use of an incident management system.

Staff demonstrated an understanding of how these apply to their practice day to day and described risk minimisation strategies that are implemented in consumer care and service delivery; how the service reduces and monitors the use of chemical restraint; and what constitutes elder abuse and neglect.

The service has implemented improvements including:

* an electronic incident management system to improve recording, reporting, analysis and clinical oversight of incidents.
* incident reporting processes include recording of actions taken in response to the incident, both at the time of the incident and planned.
* clinical staff have received training in use of the electronic information system.
* clinical staff review the incident data daily; and fortnightly and monthly reporting process are established at both service and organisational level.

For the reasons detailed, this requirement is Complaint.

### 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 service demonstrated that where clinical care is provided, a clinical governance framework is implemented. The service had a documented clinical governance framework and policies to guide staff practice including in relation to antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

The service has implemented improvements including:

* staff have received training on infection control principles, elder abuse and open disclosure.
* the service had systems and processes to monitor infections through monthly clinical indicator reporting, including the appropriate use of antimicrobials via monthly reporting to the Medication Advisory Committee.

For the reasons detailed, this requirement is Complaint.

# 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 care and clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being.
* Requirement 8(3)(c) – Ensure the service has an effective organisation wide governance system including continuous improvement and regulatory compliance.