The Greek Community Home For The Aged

Performance Report

2 Woolcott Street
EARLWOOD NSW 2206
Phone number: 02 9718 7195

**Commission ID:** 0287

**Provider name:** The Greek Orthodox Community of New South Wales Ltd

**Assessment Contact - Site date:** 9 December 2021

**Date of Performance Report:** 5 January 2022

# Performance report prepared by

G Cherry, delegate of the Aged Care Quality and Safety Commissioner.

# 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 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |

# Detailed assessment

This performance report details the Commissioner’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 dated 9 December 2021 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 27 December 2021 (including action plans)

# 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

Overall, sampled consumers consider they get quality care and services when needed from staff who are knowledgeable, capable and caring. Consumers said the service was very good, staff did their jobs well. Consumers felt due to the fact staff had worked in the service for some time, they knew them well and how to care for them. Consumers consider they are treated with respect and liked living in the home.

#### The service has effective systems to enable an appropriate skill mix and staff numbers in relation to non-managerial positions to enable delivery of safe and quality care and services however does not currently have clear role, responsibilities and staffed skilled in relation to clinical management oversight.

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

## 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 demonstrated effective systems to enable an appropriate skill mix and staff numbers in relation to non-managerial positions to enable delivery of safe and quality care and services however does not currently have clear role, responsibilities and staffed skilled in relation to clinical management oversight. Processes to achieve this remain in the developmental stage. The Assessment Team bought forward evidence that new systems have been implemented, with input from a nurse advisor and consultants, however further mentoring and support is required to enable managerial and clinical staff to competently undertake their designated roles and subsequent responsibilities.

Overall, consumers gave positive feedback relating to the service and the fact staff knew them well, however some said they experienced delays when requesting staff assistance relating to continence needs.

Staff generally expressed positive feedback relating to the ability to complete required tasks, adequacy of recent education/training and support from management, adequacy of staff numbers, plus replacement of staff when taking leave.

Management personnel and consultants advised of implementation of improved clinical management systems and processes to be managed by the clinical team, and further training for newly appointed members of the clinical management team. Registered staff advised of newly appointed roles and planned education to assist them in achieving required skills and competencies to fulfill the new requirements.

Review of documentation demonstrated training provided to staff, position descriptions to guide staff in their role/responsibilities and updating of relevant policies.

In their response, the provider demonstrated evidence to negate some of the evidence bought forward by the Assessment Team plus actions to address the deficits at the service. These include appointment of a Nurse Advisor, engagement of a Nurse Practitioner and clinically experienced advisors to assist the Facility and newly appointed Care Manager, and to support consumers and staff during the recent Covid-19 pandemic outbreak (and beyond), plus provide education and training to staff.

The provider informed of subsequent responsive actions such as: a more structured approach to recruitment, retainment and rostering of staff, appointment of an experienced registered nurse as Clinical Nurse, implement a more robust incident management system (over a 3-month period), updating of documentation relating to medication and known clinical risks, review of policies to ensure currency, implement a new clinical governance program, implement an intensive education and training program, and facilitate additional clinical staff to undertake the government’s Infection Control Lead training to ensure more thorough management in future if needed.

These responsive and planned actions are acknowledged, as is the commitment by the provider to address deficits and ensure compliance. However, the newly developed processes are in infancy and not yet imbedded to ensure consumer’s personal and clinical care needs are consistently met by appropriately skilled staff, appropriate and timely actions implemented by staff in the event of an outbreak, and the service’s self-monitoring systems effective in identifying deficits in relation to staffing skills and sufficiency.

I find this requirement is non-compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* *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.*

# Other relevant matters

A Notice of Requirement to Agree to Certain Matters was issued on 24 September 2021 in respect of The Greek Community Home for the Aged**.** The Notice was issued in relation to non-compliance with the Quality Standards which was identified by the Aged Care Quality and Safety Commission following communications with the approved provider, the Department of Health and other relevant authorities in relation to a COVID-19 outbreak at the site. The Notice was imposed for a period of four (4) months.