Accreditation Decision and Report

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | William Beech Gardens - Bushmaster |
| **RACS ID:** | 2648 |
| **Name of approved provider:** | RSL LifeCare Limited |
| **Address details:**  | 1 Madline Street Condobolin NSW 2877 |
| **Date of site audit:** | 13 August 2019 to 15 August 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 24 September 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:** | 21 October 2019 to 21 October 2020 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met  |
| Standard 2 Ongoing assessment and planning with consumers | Met  |
| Standard 3 Personal care and clinical care | Met  |
| Standard 4 Services and supports for daily living | Not Met |
| Standard 5 Organisation’s service environment | Not Met |
| Standard 6 Feedback and complaints | Not Met |
| Standard 7 Human resources | Not Met |
| Standard 8 Organisational governance | Not Met |
| **Timetable for making improvements:** | By 18 November 2019  |
| **Revised plan for continuous improvement due:** | By 09 October 2019  |

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

## Introduction

**This is the report of an assessment of William Beech Gardens - Bushmaster (the Service) conducted from 13 August 2019 to 15 August 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 details the findings of this Site Audit and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not 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** |
| --- | --- |
| Consumers | 12 |
| Consumer representatives  | 5 |
| Management | 5 |
| Clinical staff | 3 |
| Care staff | 7 |
| Hospitality and environmental services staff | 5 |
| Lifestyle staff | 2 |
| Visiting service providers such as allied health professionals | 2 |
| Other | 2 |

## 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 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:

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.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation meets all six requirements under this standard.

The results of consumer interviews shows 93% of consumers are treated with respect always or most of the time. 7% (one consumer) said they do not feel respected as there are not enough staff and this is affecting the quality of the care provided. Eighty-three percent of consumers interviewed stated that staff explain things to them most of the time or always. 100% of consumers agreed the staff are caring and kind always or most of the time. Many consumers and their representatives stated the staff are kind, caring and do an exceptional job at providing care.

Consumers are supported to maintain relationships of importance to them and make decisions. For example, partners being enabled to have private time together, family members supported to maintain relationships within the service and one consumer is supported to spend time with their favourite dog.

The results of the consumer interviews show 75% of consumers responded they are encouraged to do as much as possible for themselves always or most of the time. Eight percent of the consumer interviews stated they are encouraged to do things for themselves some of the time and 17% stated they are never encouraged to do things for themselves. Those consumers who said they are never or sometimes encouraged to do things for themselves explained their observation that there are not enough staff, and this impacts the staff’s ability to take the time to encourage and support the consumers. Refer to Standard 7 Human resources for further information.

Consumers’ personal information was observed to be kept secure and staff practices support consumers’ privacy. The workforce was observed by the Assessment Team to engage with consumers in a respectful manner ensuring their privacy and dignity are supported even when the behaviour of the consumer was not respectful towards staff. Staff were patient with consumers who were disorientated and forgetful. Staff spoke about consumers in a way that demonstrated knowledge, respect and understanding of their individual preferences, cultures and personal circumstances. One consumer stated “staff are good like that” when discussing if staff explain things to them to enable them to make decisions.

The organisation has invested in a method to survey consumers regularly to monitor aspects of this standard.

#### Requirements:

Standard 1 Requirement 3(a) 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:

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.

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) 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:

1. 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 found that all five requirements under Standard 2 are met.

Of the consumers randomly sampled 100% said they get the care they need most of the time or always, and they are involved in their assessments and care planning. Consumers reported feeling safe and that the service gets input and advice from other professionals to ensure consumers get the right care.

Staff could describe how consumers and others who contribute to the consumers’ care (including medical health practitioners, allied health professionals, carers and family) work together to deliver a tailored care and service plan.

The Assessment Team evidenced that care plans had been reviewed on a regular basis and updated as needs change. Staff demonstrated knowledge of the incident management systems and were able to describe how preferences and choice are considered with risk.

Advanced care planning is offered to all consumers and their choices are documented.

#### 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:

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.

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 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:

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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that all seven requirements under Standard 3 are met.

Of the consumers randomly sampled 100% said they get the care they need most of the time or always. All consumers reported feeling safe and confident that staff know what they are doing, most of the time or always.

Staff could describe how they ensure they provide care in line with consumers’ preferences, their opportunities for education and how they ensure that information is shared. All staff demonstrated a good working understanding of precautions to prevent and control infection. Registered nurses demonstrated understanding of antimicrobial stewardship in the management of antibiotics.

Consumers gave examples of how staff ensured the care provided was right for them including asking them and offering choices.

Care and service plans reviewed by the Assessment Team evidenced safe and effective care.

The organisation also demonstrated that they have policies and procedures underpinning the delivery of care.

#### Requirements:

Standard 3 Requirement 3(a) 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) 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:

1. 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 found the organisation does not meet three of the seven requirements under this Standard.

The organisation can demonstrate consumers health and independence is supported however, is unable to demonstrate consumers wellbeing and quality of life is supported and optimised. Of the consumers randomly sampled 69% of consumers say they have a say in their daily activities always or most of the time and 31% of consumers say they never have a say in their daily activities. Consumers and their representatives report consumers who have limited abilities are left in front of the television and there is little done to engage them and improve their quality of life.

The organisation can demonstrate that consumers are supported to participate in community activities within and outside the service and have social and personal relationships. For example, consumers have commenced attending the local Men’s Shed and an aboriginal elder’s day care centre, there are visits to the library and pub. The Country Women’s Association visits the service regularly and a preschool and primary school visit with consumers.

Some consumers expressed satisfaction with ‘the things of interest’ which they participate in and staff demonstrated some understanding of implementing activities to meet consumer’s needs. For example, one consumer stated they like the balloon exercises in the morning and the craft activities. The maintenance staff ask one consumer if they would like to go to the hardware store and this occurs regularly, and the consumer also enjoys assisting in the garden. Another consumer enjoys using the garden blower and push mower and the maintenance staff support them to do this.

However, consumers in the dementia unit and those who are reclusive, or bed bound are not supported to do things of interest to them. There is no regular one to one program for consumers who are unable or choose not to participate in the recreational program. There is no specific activity plan for consumers in the dementia unit and care staff stated they have some basic equipment however it often goes missing. They also stated the consumers do not always like to do the activity on offer.

Information is not always communicated in relation to consumers interests and preferences as the information has not been gathered and recorded. The review of consumer care plans shows there is limited information about the consumers’ life story and their interests. The recreational staff state they have not updated life stories in the last six months.

Consumers expressed satisfaction with their care and stated they are receiving the care they need. A consumer stated they have requested to be referred to a specialist to deal with a skin lesion and actions are occurring to enable this to occur. A consumer’s representative said they requested assistance to be given to her mother to attend the local indigenous elder’s day care group. She said the service has her mother ready and she attends three days per week.

Of the consumers randomly sampled 93% said they like the food always or most of the time. One consumer (7%) said they never like the food. The meal they are served is of a consistency they do not like. The cook said they are aware some consumers do not like the pureed meals and they have purchased food moulds with a view to learning how to use them to present pureed meals in a more appealing way. As yet they are not in use.

Consumers were observed to have personal mobility equipment (walkers) and they were clean and maintained. Consumers did not report any concerns with the availability and functionality of equipment.

#### Requirements:

Standard 4 Requirement 3(a) Not 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) Not Met

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

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

Standard 4 Requirement 3(d) Not 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 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) 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:

1. 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 found the organisation does not meet the three requirements under this standard.

The organisation is unable to demonstrate the environment is welcoming and easy to understand and optimises each consumer’s sense of belonging. Fifteen percent of consumers randomly interviewed state they never feel at home and 23% state they sometimes feel at home. There are no signs in the building to assist consumers with finding their way. The general appearance of the service is poor due to inadequate maintenance and attention to detail. The dementia specific unit is currently not set up to facilitate TV watching and general interaction and does not function well.

The organisation is unable to demonstrate the service is clean, well maintained and comfortable. Feedback from consumers/representatives included their dissatisfaction with the standard of cleaning. The Assessment Team observed the service is not clean, requires painting and maintenance and does not meet the comfort needs of some consumers.

The organisation is unable to demonstrate the furniture is clean, well maintained and suitable for the consumer. Furniture was observed to be worn, stained and unsuitable for some consumers. Some furniture is not clean. A reactive maintenance program supports the ongoing maintenance of equipment.

The service does have plans to paint the inside of the building in this financial year and is taking steps to increase cleaning hours and review the cleaning processes. The Regional Manager was responsive to the Assessment Team’s feedback and is reviewing other areas where expenditure is required to upgrade furnishings.

#### Requirements:

Standard 5 Requirement 3(a) Not 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:

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

Standard 5 Requirement 3(c) Not 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:

1. The organisation regularly seeks input into 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 found the service does not meet two of the four requirements under this Standard.

The service can demonstrate that consumers know how to give feedback and make complaints, and that consumers have access to advocates, and other methods for raising and resolving complaints. Of consumers randomly interviewed 83% stated staff follow up when they raise things with them, most of the time or always. The service does not demonstrate that other requirements under this standard are met

Specifically, the service failed to demonstrate that;

* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve the quality of services.

#### 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) Not 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:

1. 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 found the service does not meet two of the five requirements under this Standard.

The service demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumers identity, culture and diversity. Consumers provided examples of what this meant to them including feedback that highlighted their concerns about staffing levels.

The service demonstrated the workforce is recruited to specific roles, trained and generally equipped to undertake these roles. Orientation occurs for new staff, education is provided, and staff attendance is monitored. Training occurs when new systems and procedures are implemented.

However, the service did not demonstrate that the number and mix of staff is planned to support safe and quality services. For example

* Consumers and representatives consistently said that staff are too busy, and they work short. They said the staff work long hours. They said it can be hard to find staff when you need them.
* Staff said they are tired because they work short and they do extra shifts to try and fill the gaps in the roster. Review of documentation indicates shifts are not filled on most days despite ongoing recruitment and increased usage of agency staff.

The services management said they have not got a formal system of monitoring staff performance of their roles, they rely on feedback from consumers and their representatives and their own observations. This system is not being used effectively. For example

* Consumers/representatives have provided management with large amounts of feedback in relation to cleanliness at the home. This feedback has been recorded on regular occasions since January 2019, with no action taken until August 2019.
* Cleaning staff interviewed said they do not have time to complete the cleaning in the limited hours available to them.
* Care staff said they do not have time to do the allocated cleaning tasks because they are always working short on the roster.

#### Requirements:

Standard 7 Requirement 3(a) Not 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) 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) 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) 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) Not Met

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

### 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:

1. 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 found the organisation does not meet two of the five requirements under this Standard.

The organisation has commenced establishing methods to engage with consumers to gain their feedback about the services they receive. A team of three staff has been established to visit all the services owned by the organisation and carry out consumer interviews. They interview 50% of consumers at each service. The information gained through the interviews is provided in a report to the board to help the board understand the needs and preferences of consumers.

The organisation is undergoing significant change including a management restructure and the implementation of a new strategic model. The organisation is in the process of restructuring most governance systems.

The organisation cannot demonstrate the effective management of workforce governance. Other areas of governance were demonstrated. When asked if the place is well run 77% of consumers stated always or most of the time. Thirty-three percent of consumers stated some of the time or never and this related to their experiences of there not being enough staff. Refer to Standard 7 Human resources for more detailed information.

The organisation is unable to demonstrate effective risk management systems and practices. The organisation has not effectively managed and investigated an incident where a consumer was injured and subsequently died. When information about the incident was raised by staff it was not reported and managed in line with the compulsory reporting guidelines for alleged or suspected incidents of assault as per the *Aged Care Act 1997*.

Consumers are not being supported to live the best life they can as is demonstrated by the service’s failure to meet some of the requirements in Standard 4: Services and supports for daily living.

The organisation has developed a clinical governance framework and policy which is currently under final review before being released. Referral pathways to the organisation’s clinical nurse specialist (CNS) team and other resources is being developed. The CNS team is being expanded to 10 specialists and includes specialists in palliative care, wound care, behaviour management, dementia, infection control and mental health.

There are policies and practices to support antimicrobial stewardship, the minimisation of restraint use and the organisation is in the process of developing the organisation’s response to open disclosure which will be implemented across the organisation.

#### 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 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.

Standard 8 Requirement 3(d) Not Met

The organisation demonstrates 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.

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:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.