Performance

Report

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| Name of service: | Performance report date: |
| Bayswater Gardens | 4 August 2022 |
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| Approved provider: | Activity date: |
| Bayswater Gardens Pty Ltd | 14 June 2022 to 16 June 2022 |

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

**This performance report**

This performance report for Bayswater Gardens (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site audit, the Sit Audit report 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 Team’s report received 21 July 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 7(3)(a) – The Approved Provider ensures 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 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers and representatives stated staff were respectful and expressed satisfaction with the interactions and engagement of staff across all aspects of care and services. Staff demonstrated familiarity with consumers’ backgrounds and described how consumer preferences influence the day-to-day delivery of their care

Staff were observed interacting with consumers in a friendly and respectful manner. Care planning documents reflected consumers’ cultural, spiritual and activity preferences. Consumers are supported to exercise choice and independence and encouraged to maintain relationships with people inside and outside of the service.

The service was able to demonstrate that consumers can communicate their decisions about which care and services they wish to access, who their nominated representatives or points of contact are, and how they wish to maintain relationships. Consumers said information provided to them is generally accurate and timely and provided in a way that enables them to make choices.

The organisation has a risk management framework and policies that support consumers to do the things they want to do. Consumers are encouraged to make choices that may involve elements of risk to their health or safety, which are discussed with consumers and representatives.

The Assessment Team observed staff practices that demonstrate privacy is respected for consumers, such as knocking on consumers’ doors and handover of information between shifts was conducted privately in the nursing station.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

## Findings

Consumers and representatives confirmed that they are involved in care planning, including when there are changes to consumers’ care needs. Staff described how they use assessment and planning processes to guide safe care delivery, by identifying consumers’ needs, goals and applicable risks. Consumers care plans were individualised, identified risks and contained details of consumers’ needs and preferences for advance care and end of life care stages.

Care planning documents reflected ongoing partnerships with input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers and their representatives said staff explained information regarding care and confirmed they had access to care planning documents.

Staff described how changes to consumers’ care and services are communicated, including progress notes and care plan reviews for any changes in consumer’s care requirements and said they regularly provide updates to consumers and representatives

Care planning documents showed that reviews occur regularly or following any changes to the circumstances or condition of the consumer, representatives confirmed they are informed of changes. The service confirmed there are governance mechanisms in place to ensure compliance with care planning reviews which include regular clinical team meetings where they review consumers’ care and service needs

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

## Findings

Consumers and representatives considered that consumers receive personal and clinical care that was safe, tailored to meet their needs and confirmed that they have access to a medical officer or other health professional when they need it. Staff described consumers’ individual care requirements and how they used this knowledge to deliver personal and clinical care aligned to meet their needs.

Staff demonstrated an understanding of risks involved with consumers condition and used strategies to maximise their well-being and comfort. The service demonstrated it adequately managed high prevalence risks including falls and infection. The service has a documented risk management framework which guides how risk is identified, managed, and recorded. A documented system is used to record high impact and high prevalence clinical and personal risks for consumers.

Staff described the specific strategies the service had in place to manage risks to consumers’ health and comfort. Care plans showed consumers received effective care for skin integrity, pain, and behaviour management.

Care documents highlighted that the service records consumer advance care planning and end of life care preferences and staff have access to clinical resources to guide them in recognising and responding to a deterioration or change in a consumer’s condition.

Consumer feedback and a review of the clinical documents demonstrates that when there is a deterioration or change of a consumer’s mental health, cognitive or physical function, capacity, or condition it is recognised and responded to in a timely manner.

The service demonstrated it used effective records management processes - care planning documents showed input from allied health professionals such as physiotherapists, podiatrists, and speech pathologists when needed.

The service has standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. Infection control training had been provided to all staff and included handwashing competencies, donning and doffing of personal protective equipment and the minimisation of infection related risks for consumers.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers expressed they get safe and effective services and supports for daily living and said staff have an awareness of their individual needs and preferences to optimise their independence and wellbeing.

Consumers and their representatives said staff support consumers to participate in activities that are of interest to them, both inside and outside of the service. Consumers were observed participating in individual and group activities. Care planning documents reflect consumers’ preferences and staff described how they tailor activities and cater to consumers’ interests.

Staff described how they provide support to consumers to promote spiritual and psychological well-being, including engaging with consumers, referral to other services, and supporting consumers to attend religious services. Consumers and their representatives said consumers are supported to maintain relationships and participate in the community. Staff said they support consumers to receive visitors and keep in contact with family and friends. The service hosts activities such as theme days, concerts and facilitates outings for consumers.

Care documents reflect information is shared within and outside the service, as appropriate, to enable a shared understanding of consumers’ needs and preferences. Care plans show referrals are made to other services and organisations to support consumers to engage in activities and enhance their well-being. Consumers provided positive feedback on the quantity, quality and variety of meals available. Care plans reflect consumers’ dietary needs and preferences.

Catering staff could explain individual consumer’s dietary requirements and explained that each meal is plated in the kitchen and is labelled with the consumers name, allergies and preferences to ensure dietary requirements are met. Observation of the central kitchen demonstrated the kitchen was clean and tidy and procedures are in place to meet food safety standards,

The Assessment Team observed equipment which supports consumers to engage in lifestyle activities to be suitable, clean, and well maintained, and readily available. Maintenance staff described their routine of checking the care management system for any logged maintenance issues, prioritizing any faults, and completing routine equipment servicing.

**Standard 5**

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers described feeling at home and felt that the service environment optimises their sense of belonging and independence. The service was able to demonstrate that consumers are supported to feel at home in the service and maintain their independence and personal preferences for interaction.

The service has multiple common areas throughout the facility for consumers and their families to utilise and consumers can access outdoor areas and gardens that contain seating and shaded areas

Staff described the maintenance and cleaning schedules undertaken at the service and a review of documentation reflected regular and appropriate cleaning and maintenance of the service environment. Cleaning staff were observed to be cleaning the service environment during the Site Audit, and in accordance with a cleaning schedule for the consumers rooms.

Maintenance staff advised that the service has a preventative maintenance program which is managed through inhouse and outsourced providers, and any maintenance concerns are logged into the care management system. The service was able to demonstrate that furniture, fittings, and equipment are safe, clean, well maintained and suitable for the needs of the consumer cohort.

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers and representatives said they felt encouraged and supported to provide feedback and make complaints Staff advised that consumers were encouraged to provide feedback and demonstrated they know the service’s escalation process for managing complaints from consumers and representatives.

Written materials, such as feedback forms, brochures, consumer handbooks and promotional material, provide information about how to make complaints and were observed on display at the reception. The consumer handbook provided information regarding internal and external complaints and feedback processes, and advocacy services.

Staff demonstrated an understanding of the complaints management system and could describe how they respond to consumer and representative feedback, including the process of open disclosure.

Consumers and representatives advised that in the event they have provided feedback or raised a concern, management has responded promptly, there has been positive and transparent communication during the process, and staff or management have apologised appropriately.

Management demonstrated, through the organisation’s electronic information system’s associated hard copy documents, how feedback and complaints are captured, actioned, and resolved.

**Standard 7**

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| Human resources | | Non-compliant |
| Requirement 7(3)(a) | 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. | Non-Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is 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 Assessment Team brought forward evidence from consumers, representatives and staff that demonstrated the service had insufficient staff to enable the delivery and management of safe and quality care and services.

The Assessment Team spoke with several consumers and representatives who felt there weren’t enough staff at the service to attend to consumer needs promptly and described impacts to the delivery of care, lifestyle supports and psychological safety of consumers as a result. Staff reported they were often unable to respond to consumers’ call bells promptly and that when agency staff are used to backfill gaps in shift times, they often don’t know the individual preferences and care needs of consumers.

The Assessment Team inspected records that supported staff and consumer feedback and identified call bell response times that fell outside of the service benchmark, unfilled shifts, or shifts filled through the use of agency staff and lifestyle activities that were cancelled due to staff shortages.

In its response of 20th July 2022, the Approved Provider submitted additional explanation of its staffing strategy and identified ongoing COVID-19 lockdowns as an impact to staff levels. The Approved Provider advised of an increase to staff recruitment from September of 2021 and a total of 43 additional staff onboarded as of June 2022. The Approved Provider further submitted evidence of retention strategies it had implemented to support existing staff and advised of a reduction in shift vacancies as a result.

While I acknowledge the Approved Provided has taken steps to recruit additional staff to ensure the sufficiency of its workforce, at the time of the Site Audit these changes were not fully established and will take time to demonstrate effectiveness. I have also considered the evidence from consumers, representatives and staff that showed, at the time of the Site Audit, workforce planning impacted the delivery of care and services provided by the service. Therefore, I find Requirement 7(3)(a) is non-compliant.

I am satisfied that the remaining 4 requirements of Quality Standard 7 are compliant.

Consumers stated staff are professional, kind and respectful in the way they provide care and services and felt staff are generally capable in their job and considerate of consumers’ needs.

A review of staff documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform the duties of their job. Existing staff participate in annual performance review processes, receive feedback from consumers and their representatives and also observations from the clinical manager.

Staff confirmed they received training about the Serious Incident Response Scheme (SIRS); incident management; manual handling; and infection control. The service had an electronic system to monitor when mandatory training is due or expired for each staff member. The training modules provided to staff included the: Aged Care Quality Standards, SIRS, Elder Abuse, Infection Control, Complaints Management and Open disclosure.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

## Findings

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and supported in that engagement. Consumers and their representatives consistently reported positive feedback about their experience being involved in planning their own clinical care and in-service improvements.

The governing body monitored the service’s performance in relation to the Quality Standards through monthly reports that detailed the performance of the service.

There were organisation wide governance systems and policies in place to support the effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance as well as feedback and complaint management. Staff had been educated about the policies and were able to provide examples of their relevance to their work. Opportunities for continuous improvement are identified through audits, complaints and monthly consumer surveys on various domestic topics such as laundry, food and incidents.

The organisation had implemented effective risk and incident management systems and used appropriate practices to identify, report, prevent and manage risks and incidents. Staff advised that have received mandatory training and education on, wound management, restrictive practices, antimicrobial management, and elder abuse.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff demonstrated a shared understanding of these frameworks and could identify the key components of the open disclosure policy. Management advised that an open disclosure process is applied following an adverse event, and as part of the service’s complaints management process.

1. The preparation of the performance report is in accordance with section s40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)