Performance

Report

**1800 951 822**

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| Name of service: | Bayswater Gardens |
| Service address: | 65 - 71 St Albans Street ABBOTSFORD NSW 2046 |
| Commission ID: | 1041 |
| Approved provider: | Bayswater Gardens Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 23 March 2023 |
| Performance report date: | 26 April 2023 |

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 prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 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 provider’s response to the assessment team’s report received 19 April 2023
* Performance Report dated 4 August 2022

# Assessment summary

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| Standard 7 Human resources | Not applicable as not all requirements have been assessed |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 7

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| Human resources | |  |
| 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. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of five specific requirements has been assessed and found compliant.

A decision was made on 4 August 2022 that the service was non-compliant in requirement 7(3)(a) after a site assessment conducted 14 to 16 June 2022. The service was unable to demonstrate an effective system to ensure a planned workforce, and the number and mix of deployed staff, enables the delivery and management of safe, quality care and services.

At an Assessment Contact conducted 23 March 2023 the assessment team bought forward evidence within the service’s Plan for Continuous Improvement (PCI) and discussion with management note the following actions.

* Management conducted a review of rostering processes in consultation with staff. Outcomes include rostering changes to allocate appropriate mix of skilled and experienced staff on each shift.
* Installation of a new call bell system. Management team members attended training on usability, auditing/monitoring processes to review staff response times to consumer’s request for assistance.
* Strategies have been implemented to streamline recruitment processes and attract new staff. Changes to develop a stronger, more sustainable workforce include increased staff development/team building meetings, implementation of Cert IV medication competent staff, improving orientation processes for ‘agency’ staff and promotion of staff incentives.
* Due to an increase in unwitnessed falls, work is being conducted with the physiotherapist to conduct root cause analysis of falls data including time unwitnessed falls occur and viewing closed circuit television (CCTV) to determine if staff reallocation is required.
* Viewing of CCTV data is utilised to monitor staff practice when investigating an incident. Review of visual data on one occasion resulted in staff dismissal and reporting as per legislative requirements.

The assessment team note while improvements to staffing numbers and skill mix has occurred, some consumers continue to wait extended periods for staff assistance, impacting on personal care needs and/or dignity not being maintained. Via interview with consumers the assessment team note dissatisfaction from 4 consumers, relating to staff not responding to their requests for assistance in a timely manner. Feedback includes extended waiting times for 2 staff to assist and feeling rushed when staff attend to hygiene needs.

Interviewed staff acknowledge while care staff hours have increased, insufficient numbers allocated on each shift result in not consistently meeting consumer’s needs in a timely manner. Management acknowledge difficulty in obtaining sufficient staffing numbers result in use of agency staff. In relation to clinical staff feedback, management allocated an additional medication competent staff member on weekend days and extended afternoon care staff hours by 2hours.

Management note use of CCTV data has assisted in identifying required staff allocation and a new call bell system (installed March 2023) has enabled data review of time taken for staff response.

In their response the approved provider notes legislative quarterly data demonstrates efficiently working toward targeted numbers of staff. They acknowledge consumer dissatisfaction in relation to waiting times for staff assistance in the past and supplied evidence of improved response times since implementation of call bell system in March 2023. Evidence of monitoring methods and consumer satisfaction were supplied, in particular for sampled consumers mentioned above.

In coming to a compliance decision, consideration is given to the actions implemented by the approved provider and documented evidence to support improved response times by staff when consumers request assistance. For these reasons, I find requirement 7(3)(a) is compliant.

**Additional Information**

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| Personal care and clinical care | |
| 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. |

The assessment team gathered information relating to Requirement 3(3)(a) and a finding has not been made. The Quality Standard was not fully assessed, and therefore has not received a compliance rating.

Via observation and documentation review, the assessment team gathered the following information. It was noted limited recording in documentation to demonstrate pressure injury and percutaneous endoscopic gastrostomy care for 1 consumer. While consent is obtained relating to restrictive practices, documentation for 3 consumers did not consistently demonstrate mitigating and/or non-pharmalogical strategies utilised prior to administration of medications deemed as chemical restraint and/or practices deemed as physical restraint. Interviewed representatives consider they are consulted and express satisfaction relating to consumers care.

In their response, the approved provider questioned the accuracy of data bought forward by the assessment team in relation to reportable incidents. They demonstrate regular specialist review, suggested strategies for care, appropriate management of pressure injury and enteral feeding site care and supplied documentation detailing staff requirements relating to monitoring pressure injury, pain management, PEG site review and documenting care refusal. In addition, evidence of alternative strategies/management of practices prior to use of restrictive practices is noted as is intended discussions with family in relation to ongoing need due to limited use of restrictive practice in recent times.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)