Performance

Report

**1800 951 822**

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| Name of service: | Cedar Place Aged Care Facility |
| Service address: | 58 Cochrane Street WEST KEMPSEY NSW 2440 |
| Commission ID: | 0358 |
| Approved provider: | Cedar Place Aged Care Facility Limited |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 7 March 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 Cedar Place Aged Care Facility (**the service**) has been prepared by D. McDonald, 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 Site Audit; the Site 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 7 March 2023 included clarifying information and a plan for continuous improvement.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 2(3)(e)** - The service ensures the clinical task management and staff allocations enable consumer’s care plans to be reviewed within the period outlined within the service’s policies and care plans are updated to reflect the recommendations or directives of medical officers or other health professionals.
* **Requirement 7(3)(a)** - The service ensures the number of workforce members deployed enables care to be delivered in line with consumers preferences and assistance required for toileting, mobilising and activities of daily living is provided promptly.

# Standard 1

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| Consumer dignity and choice | |  |
| 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 said staff treated them well and consumers felt valued and respected. Care documentation reflected the consumers’ identity, culture, choices, and preferences and what was important to consumers. Staff were observed assisting consumers in a respectful manner.

Consumers and representatives said care and services were tailored to consumers’ needs and culture. Staff identified consumers with diverse cultural backgrounds and explained strategies used to respect their cultural background. Care planning documentation reflected consumers’ cultural needs and preferences.

Consumers and representatives said they were supported to make and communicate decisions about the care they received and who was involved in decision making processes. Staff provided examples of how they helped consumers to make informed choices about their care and services. Policies provided a framework for ensuring consumers independence and choices were optimised.

Consumers and representatives said the service had supported them in taking risks to enable them to live the best life they can. Staff described the assessment process undertaken to ensure consumers were supported to undertake activities of choice. Care documentation demonstrated consumers understood the potential harm when making decisions, and informed consent had been given.

Consumers and representatives said information provided was current, accurate, timely and communicated in a clear and easy way to understand. Staff stated they reminded consumers about activities and meals for the day, offering them choice. Lifestyle calendars and menus were displayed on noticeboards.

Consumers and representatives were confident their information was kept confidential, and consumers privacy was maintained. Staff described keeping computers locked and using passwords to access consumers’ personal information. Staff were observed knocking on the door before entering consumers' rooms and closing the door when attending to care.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Non-compliant |

Findings

The assessment team recommended Requirement 2(3)(e) was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced deficiencies in the review of 10 consumer care plans since July 2022, with 8 not having been reviewed within the 6-monthly period, outlined in the service’s policies and procedures. While, the remaining two care plans had been reviewed, there was an error with the saving of the review, once it was completed by staff.

I note the Site Audit report supported care plans contained incorrect or missing information for 3 named consumers, with one having an incorrect allergy status noted, another had the presence of an indwelling catheter when it had been removed and strategies to support behaviours had not been included, for another, following review by behavioural specialists. Staff confirmed they have not completed care plan reviews as scheduled and management acknowledged care plans were not updated to reflect consumers current care needs.

The provider’s response submitted on 7 March 2023 confirmed they were aware of issues with the completion of care plan reviews as scheduled and this was attributed to a problem with the clinical management scheduling within the electronic care management system. Both, the Site Audit report and the AP response, confirm the scheduling issue had been discussed at a clinical governance meeting in November 2022 and a resolution was being pursued with the vendor.

Additionally, the provider advised the 2 care plans not updated following review due to staff error, the incorrect allergy status and indwelling catheter included in care plans, were remedied during the Site Audit.

The plan for continuous improvement highlighted ongoing actions to ensure care plans were regularly reviewed including providing staff with training and implementing additional clinical oversight and monitoring processes.

I acknowledge the provider has undertaken immediate actions and has planned further actions to remediate the non-compliance and ensure processes are in place to routinely review care plans, however these actions are yet to be embedded or be evaluated demonstrate their effectiveness and consumers care plans had not been reviewed as required.

Therefore, I find Requirement 2(3)(e) is non-compliant.

I find the remaining 4 requirements of Quality Standard 2 compliant as:

Consumers and representatives confirmed they participated in assessments completed on entry to identify any risks. Staff described the care plan is developed based on the outcomes of assessments which are guided by a schedule. Policies and procedures guide staff in the assessments and care planning to ensure care is safe and effective.

Consumers and representatives advised the consumer’s care plan included the current needs, preferences and goals, including for end of life care. Staff described the needs and preferences of consumers, aligning with consumer/representative feedback. Care documentation contained consumer’s advance health directives and palliative care plans.

Consumers and representatives confirmed regular consultation about the consumers care occurred. Staff advised consumer, representatives, medical and health professionals have regular input into the consumer’s care and this was evidenced in care documentation.

Staff confirmed consumers and representatives are advised of any changes made to care needs. Consumers and representatives confirmed being offered a copy of the care plan during care plan review processes. Care documentation supported the outcome of assessments were documented in the care plan.

# Standard 3

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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. | 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 reported consumers were receiving care and services which met their needs and preferences, provided them with choice and was safe. Staff described the individual needs and preferences as outlined in their care plan. Clinical management policies and procedures guided staff to deliver effective individualised care.

Consumers and representatives said consumer’s high impact and high prevalence risks were effectively managed. Staff demonstrated knowledge of the risks to consumers and confirmed they refer to the care plan for management strategies. Care documentation supported risks associated with wounds, falls and psychotropic medication were being managed in accordance with directives.

Representatives confirmed consumers were kept comfortable during the end of life. Care documentation evidenced palliative pathways guided staff in providing responsive care to manage end of life symptoms. Policies and procedures were in place to guide staff, if required.

Care documentation evidenced care plans were updated with dietary modifications following a change in consumers swallowing capabilities. Staff discussed the escalation pathways to be followed when a change was identified. Policies and procedures on deterioration guided staff on reporting processes.

Handovers were observed and included communication of any changes to consumers care requirements were shared between staff, however handover documentation had not been updated. An electronic care management system ensured care information was accessible to those who required it. Consumers and representatives confirmed staff knew of the consumer’s care needs and preferences.

Consumers and representatives said referrals were prompt and made in consultation with them. Care documentation evidenced consumers had been referred to a range of services and health professionals. Staff described referral processes which included consultation with consumers and how these referrals informed care and services provided.

Consumers and representatives said the COVID-19 pandemic and the COVID-19 outbreaks had been effectively managed. Staff understood the principles of antimicrobial stewardship, despite, a dedicated policy not being available. Infection prevention and control equipment was in sufficient supply and staff were observed wearing personal protective equipment and practising hand hygiene.

# Standard 4

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| Services and supports for daily living | |  |
| 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 and representatives reported services and supports for daily living meet their needs, goals, and preferences and supported their independence and quality of life. Staff demonstrated knowledge of consumers' interests and the lifestyle activities were adapted and observed as suitable for various physical and cognitive activities.

Consumers and representatives said one-on-one conversations supported the consumers well-being and mental health services were engaged, if required. Staff provided examples of how they supported consumers emotional and psychological well-being and this aligned with the strategies included in the consumer’s care plan.

Consumers felt supported to participate in activities both within and outside the service and were able to engage in their individual interests. Staff gave examples of various activities scheduled and consumers were observed actively participating. Care documentation identified the people important to individual consumers and the activities of interest to the consumer.

Consumers and representatives described they did not have to repeat their preferences to staff. Staff advised consumer care needs and preferences were shared internally at handovers and recorded in the consumer’s file. Care documentation provided adequate information to support staff in the delivery of effective services.

Care documentation evidenced referrals to external providers to support the diverse needs of consumers. Staff said external service providers, such as volunteers, were used to assist consumers to participate in a wide variety of activities. Consumer’s representatives confirmed referrals to mental health support services had occurred when needed.

Consumers said the meals provided were varied, of suitable quality and quantity. Staff confirmed they support consumers to influence the menu and to provide regular feedback on the food provided. Meals were observed to cater for consumers allergies, likes and dislikes.

Consumers and representatives said the equipment provided for consumers use was safe and well-maintained. Consumers and staff knew how to notify maintenance if equipment was faulty. Maintenance logs and schedules confirmed preventative and reactive maintenance on equipment had been performed.

# Standard 5

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| Organisation’s service environment | |  |
| 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

The service environment was observed to be welcoming with living areas and corridors which were sufficiently lit, there were large dining areas, wide hallways, and adequate signage to assist consumers. Consumers said it was easy to get around the service and felt comfortable within the service. Staff confirmed consumer feedback was heavily factored into the service environment and consumers can customise their rooms to their liking and consumers’ rooms were personalised photographs and artworks.

Consumers and representatives said the service environment was safe, clean, well-maintained, and comfortable, adding they could move around freely indoors and outdoors. Staff described the process for reporting safety issues and said this worked effectively. Consumers were observed moving freely within the service and going outside for walks in the gardens. The call bell system was observed to be working effectively, and any issues relating to it were resolved quickly.

Consumers and representatives said, and observations confirmed, the furniture, fittings and equipment were safe, and well maintained and enjoyed by consumers. Staff described the process of cleaning shared equipment included disinfecting it before and after use.

# Standard 6

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| Feedback and complaints | |  |
| 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 were encouraged and supported to provide feedback and make complaints. Staff described the avenues available to provide feedback and how they supported consumers to raise any issues. Complaint registers and meeting minutes confirmed management encouraged feedback from all stakeholders.

Consumers and representatives stated they were aware of and had access to advocates. Staff understood the internal and external mechanisms for providing feedback and making complaints. Access to the Commission and interpreting services was promoted through posters displayed on noticeboards.

Consumers and representatives who had raised concerns indicated a response had been received or was in progress. Staff discussed what open disclosure meant and gave examples of this is practice, when things went wrong. The complaints register demonstrated the use of open disclosure and timely management of complaints.

Management explained the recent introduction of a complaints register spreadsheet which had improved their ability to monitor reporting and trending of data. Consumer meetings were used to drive improvement in the quality of care and services. Meeting minutes, notices, memoranda, continuous improvement plans, and other documents reflected feedback from consumers and representatives had resulted in improvements for consumers.

# 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. | 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

The assessment team recommended Requirement 7(3)(a) was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced deficiencies in the number of nursing and care staff available resulting in consumers who require assistance with toileting, showering and dressing experiencing delays in having their care needs or preferences met.

For 4 named consumers, they advised delays of between 20 minutes and up to an hour occur, when they call for assistance with mobilising, hygiene care, toileting and application of compression bandaging. While the Site Audit report described limitations with access to call bell data being available, the call bell data supplied supported consumers regularly waited excessive amounts of time to be assisted which supports non-compliance.

Staff confirmed they are unable to meet consumer’s showering preferences and negotiate with consumers to have their shower later in the day. Staff also advised the numbers of staff allocated effects their ability to assist consumers with toileting and at mealtimes, and delay attending to consumers who eat slowly or wear continence aids last as a strategy to meet all consumer’s needs.

Rostering documentation, for the 2-week period prior to the Site Audit, evidenced there were 25 vacant shifts, care minutes provided to consumers was below the expected benchmark with management advising a review of the roster was planned for February 2023.

The provider’s response submitted on 7 March 2023 confirmed there was a COVID-19 outbreak in the weeks prior to the Site Audit and the shift vacancies were not typical, as the outbreak effected both consumers and staff, with agency staff limited to due to the prevalence of COVID cases throughout the region.

Both, the Site Audit report and the provider’s response, confirms the service has not met the recommended care minutes, with strategies already commenced including the sourcing of staff through supported programs had already commenced, with additional staff due to commence by June 2023. Additionally, management advised recruitment activities for care staff, registered nurse and lifestyle officer positions had recently been finalised.

The plan for continuous improvement highlighted a review of the roster had occurred and the allocation of staff had been adjusted with anticipated start dates of new staff identified.

I acknowledge the provider has undertaken immediate actions and has planned further actions to remediate the non-compliance to increase the number of staff allocated to provide care and services to consumers, however these actions are yet to be finalised or be evaluated demonstrate their effectiveness in addressing the negative experience of consumers.

Therefore, I find Requirement 7(3)(a) is non-compliant.

I find the remaining 4 requirements of Quality Standard 7 compliant as:

Consumers and representatives' expressed staff were kind, caring and gentle when providing care. Staff demonstrated an in depth understanding of the consumers, including their needs and preferences. Staff interactions were observed as respectful as they referred to consumers by their preferred names.

Consumers and representatives said staff knew what they were doing and had the skills to look after the specialised needs of the consumers. Management stated all staff had met the minimum qualification and registration requirements for their respective role, including a criminal history check. Personnel records evidenced professional registrations and the vaccination status of staff were monitored.

Consumers and representatives felt staff were well trained and equipped to perform their roles. Staff described regular mandatory training was required and they could access additional training as needed. Management said they were notified by head office when staff were due to complete their mandatory training.

Staff said their performance was monitored through an annual performance appraisal. Management advised staff were assessed regularly, internal audit results analysed, and clinical data used to monitor staff practice and competency. Policies and procedures guided staff performance and performance management processes.

# Standard 8

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| Organisational governance | |  |
| 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

Consumers and representatives said the service was well run and they had ongoing input into care and services delivery. Management gave examples of how consumer feedback had influenced the service environment, activities, food, and staffing. Minutes of consumer meetings reflected consumers’ feedback, suggestions, and evaluation of actions taken.

Consumers and representatives said the service had managed the COVID-19 pandemic well and updates were communicated efficiently and promptly. Management discussed a range of strategies the governing body used to promote a culture of safe, inclusive, and quality care and services. Position descriptions, staff code of conduct and consumer handbooks reflected the promotion of safe and inclusive care.

Effective governance systems were generally evidenced however, restrictive practice policies and procedures needed review as they had not been reviewed recently and did not reflect current legislative requirement, however no deficiencies were identified compliance with regulations. A continuous improvement plan was in place and included actions based on feedback from consumers, with additional funding allocated to improve the quality of care and services. Workforce governance was promoted by a suite of policies, procedures and position descriptions ensuring staff understood their responsibilities and accountabilities.

Management provided the service’s documented risk management framework, including policies and procedures which guided staff. Progress reports and data relating to risk was recorded on the high impact high prevalence risk register regularly updated by management, who then reported the data to the governing body. Risks identified fed into the service’s continuous improvement plan.

A clinical governance framework was in place to ensure the quality and safety of clinical care. Consumers and representatives stated when things went wrong, an explanation of what happened, and an apology were given. While a specific policy on antimicrobial stewardship was not included, staff knew the principles of antimicrobial stewardship. Staff discussed how restrictive practices were minimised at the service and consent was required before using a restraint.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)