Performance

Report

**1800 951 822**

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| Name: | Cedar Place Aged Care Facility |
| Commission ID: | 0358 |
| Address: | 58 Cochrane Street, WEST KEMPSEY, New South Wales, 2440 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 14 September 2023 |
| Performance report date: | 31 October 2023 |
| Service included in this assessment: | Provider: 24 Cedar Place Aged Care Facility Limited  Service: 374 Cedar Place Aged Care Facility |

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 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 27 October 2023
* Performance Report dated 7 March 2023

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **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 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) – implement an effective system to ensure care and services are regularly reviewed including when circumstances change/incidents occur and ensure currency/accuracy of documentation to guide staff in care delivery.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Not Compliant |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found non-compliant.

Previously the service did not demonstrate regular review of consumer’s care and services. In response, the service’s plan for continuous improvement (PCI) details actions including Clinical Care Coordinator responsibility to ensure all case conferences and care plans are reviewed and end of month monitoring process to ensure compliance. The service evidenced completion of some actions.

Sampled consumers/representatives gave mixed feedback in relation to involvement in assessment/care planning processes. Interviewed staff demonstrate lack of knowledge relating to managing changes in consumers care needs and/or where to find current information. Review of care and service documents by the assessment team note actions have not been effective and previously identified defects remain. The assessment team found appropriate/regular review of psychotropic medications and restrictive practices does not occur. Via review of behaviour support plans they note minimal information to guide care delivery and strategies/directives recommended by specialist services not documented. While management previously identified registered nurses lacked knowledge relating to use of the electronic care system (ECMS), the assessment team found the ECMS remains ineffectively used. Care plans are not reviewed on a regular basis to inform current care needs/preferences. Executive management note organisational awareness of issues associated with the ECMS, however advised staff education has not occurred.

The assessment team found, appropriate review/informed consent was not obtained for one consumer being administered psychotropic medication and a process to ensure regular review of restrictive practices is not evident. Documents for 3 consumers experiencing changed needs are not updated in a timely manner to direct staff regarding current care needs. Document for one consumer experiencing multiple incidents of unmet behaviours (impacting other consumers) does not contain strategies/interventions nor referral to behavioural specialist to guide appropriate care delivery.

In their response, the approved provider acknowledges defects citing IT connectivity issues and newness of staff as contributing factors. They supplied documentation detailing review of sampled consumers (and review of psychotropic medications), employment of additional staff to assist in monitoring and oversight, implementation of new systems/processes and provision of staff education/training. A plan for implementation and oversight details designated responsibility and anticipated completion dates.

In consideration of compliance, I accept implementation of changed processes including oversight/monitoring, however I am concerned self-monitoring processes did not identify defects, plus I consider it will take some time to demonstrate effectiveness/sustainability of new systems, (and monitoring systems) and effectiveness of staff education/training to ensure compliance. I find requirement 2(3)(e) is non-compliant.

# 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. One requirement was assessed and found compliant.

Previously the service did not demonstrate sufficient nursing and care staff resulting in consumers experiencing delays in staff assistance to meet their dressing and hygiene needs/preferences. In response, several actions have occurred regarding sufficient numbers/skill mix of staffing levels.

The service demonstrates in most cases sufficient staffing levels meet consumer needs/preferences and provide quality care and services. Management detailed strategies to manage and source future staffing levels and document review demonstrates minimal unfilled shifts and employment of multiple additional staff. Sampled consumers/representatives consider staff provide appropriate personal/clinical care and in most cases attend to consumer’s requests for assistance in a timely manner. Interviewed staff state staffing mix/numbers result in effective quality care and replacement for unplanned leave generally occurs.

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)