

**Performance Report**

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| Name: | Chamberlain Gardens Aged Care |
| Commission ID: | 0723 |
| Address: | 53 - 67 Chamberlain Road, WYOMING, New South Wales, 2250 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 24 October 2024 to 25 October 2024 |
| Performance report date: | 18 December 2024 |
| Service included in this assessment: | Provider: 8846 IC (WYOMING) PTY LTD  Service: 5708 Chamberlain Gardens Aged Care |

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 Chamberlain Gardens Aged Care (**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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others
* the provider’s response to the assessment team’s report received 18 November 2024 including plan for continuous improvement (PCI)
* information given to the Commission by members of the community regarding clinical care

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements 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 to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

Requirement 3(3)(b) - Mixed feedback was received from consumers and representatives in relation to receipt of care and management of risk. Via interview and document review for 6 consumers, the assessment team bought forward evidence of lack of appropriate incident management (including post fall), pain management, restrictive practices and care in relation to unplanned weight loss, pressure area care/wound management.

They bought forward evidence an effective system to ensure identified/response to unplanned weight loss is not evident for 3 consumers including lack of adherence to dietitian directives regarding administration of nutritional supplements. The provider submitted evidence of addressing weight loss for one consumer and provision of supplements as per dietician directives, acknowledging lack of information to dietician resulted in prescribing of supplements (already being administered) for another and medical officer review resulting in palliative care/rationalisation of oral medications for another. They evidenced nutritional supplements are administered by RN’s via medication chart directives. I accept the provider’s evidence in relation to management of weight loss.

The assessment team bought forward evidence an effective system to ensure identified/response to pain management is not evident for 5 consumers including a lack of pain assessment and monitoring. The provider submitted evidence of managing consumers pain, noting alternate areas for documenting review, evidence of administering of pain-relieving medications and medical officer review.

The assessment team bought forward evidence the service did not demonstrate effective management when consumers experience a fall, appropriate care post incident for 4 consumers, nor effective pressure area care/wound management. While noting incidents are reported, they advised a process of investigation/review and implementation of strategies is not evident and documents include generic interventions. Wound care documents for a pressure injury did not contain details of a wound treatment plan. Wound photography/measurement recording is inconsistent resulting in ineffective data to enable identification of progression. The providers response demonstrated observations conducted by RN’s, physiotherapist/medical officer review and implementation of preventative measure relating to falls management, plus appropriate wound management. I accept the provider’s evidence in relation to falls/incident and wound management, plus management of sampled consumer’s pain.

The assessment team bought forward evidence (for 2 consumers) the service did not demonstrate assessment/planning is undertaken to ensure medication deemed as chemical restraint is used as a last resort and non-pharmacological interventions are implemented/reviewed for effectiveness. The service did not identify one consumer was administered twice the dose of antipsychotic medication. The provider supplied evidence of responsive actions when alerted to medication error however note medication being administered as per medical officer directives for one consumer and evidence of implementing non-pharmacological interventions prior to medications for another. Organisational identification of deficits in care delivery resulting in employment of a regional manager to assist in addressing issues and provision of staff education.

In their response, the provider advised self-identification of required improvement relating to incident reporting resulted in training for RN and clinical staff and initiation of targeted education relating to completion of neurological observation/monitoring documents. They advised of review of care relating to named consumers including consumer/representative involvement to ensure satisfaction, completion of RN/clinical staff training and implementation of a monitoring system to evaluate learning outcomes. In addition, they supplied evidence of care provision noting some documents not viewed by the assessment team. In consideration of compliance, I am swayed by the provider’s evidence, previous self-identification, and response to gaps in documents noting commitment to ongoing training, implementation of systems and oversight to monitor staff adherence. I find requirement 3(3)(b) is compliant.

Requirement 3(3)(d) - The assessment team bought forward evidence service did not demonstrate an effective system to ensure identification/response to deterioration in consumer’s condition occurs in a timely manner. Representatives expressed dissatisfaction and concern regarding management of 3 consumer’s care. Interview and documents details lack of recognition regarding pressure injury deterioration for two consumers. Recording of neurological observations, assessment and monitoring of pain is not evident for one consumer following a fall. Management advised review of named consumers’ needs to ensure appropriate care provision.

In their response, the provider supplied evidence of RN review, recording pressure injury/wound care, and medical officer notification resulted in management of deteriorating condition. In consideration of compliance, I am swayed by the provider’s evidence. I find requirement 3(3)(d) is 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

Mixed feedback was received from consumers/representatives regarding workforce numbers to meet consumers needs. While some consider sufficient staff, others advised care needs not responded to in a timely manner and lack of staff knowledge/skills. Documents detail the service is not meeting appropriate care minutes as per legislative requirements. Management acknowledged a discrepancy between mandatory care minutes and the service’s target care minutes advising recent staffing improvement due to limited use of agency staff. Four consumers expressed satisfaction with staff responsiveness to requests for assistance however three consumers and two representatives expressed dissatisfaction citing extended wait times to requests for assistance. Interviewed staff gave mixed responses regarding sufficiency of staff. The assessment team bought forward evidence staff do not have sufficient knowledge/skills to effectively deliver clinical care (refer to Standard 3).

In their response, the provider implemented a formal process of call bell/alert system, noting a reduction in response times and communicated/met with named consumers to achieve satisfactory outcomes. I am swayed by the provider’s evidence, previous self-identification, and response to gaps in documents noting commitment to ongoing training, implementation of systems and oversight to monitor staff adherence. They advised of strategies to ensure sufficient staff coverage, learning and development programs, plus recent employment and ongoing recruitment resulted in employment of care manager, care coordinator, registered nurses, chef, hotel service staff and maintenance officer. In consideration of compliance, I am swayed by evidence in the providers response and actions implemented in relation to consumer feedback. I find requirement 7(3)(a) is compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

**Findings**

Organisational policies/procedures exist relating to managing risks and an organisational improvement plan was developed to address self-identified deficits relating to pressure injury/wound management, pain management, falls prevention/management, identification/response to deteriorating condition and unplanned weight loss. The assessment team bought forward evidence of lack of systems at service level to ensure appropriate management of risk.

Organisational policies/procedures exist regarding preventing, identifying and responding to consumer abuse/neglect. The assessment team bought forward evidence deterioration of pressure injuries and incidents resulting in possible psychological injury. While the service records/reports unreasonable use of force, the assessment team bought forward evidence of inappropriate priority rating resulting in lack of timely reporting to the Serious Incident Response Scheme (SIRS). They bought forward evidence lack analysis of causal issues, individualised preventative strategies/evaluation of effectiveness regarding incident management (Standard 3). In their response, the provider advised of compliance monitoring led by the Executive Leadership Team and Governing Body in response to self-identification of complaints, changes in management personnel, and review of audit data resulting in improved consumer outcomes. They advise use of the Commissions reporting tool in relation to determining SIRS priority rating when reporting as per legislative requirements. I am swayed by the provider’s evidence and consider they demonstrate effective organisational systems relating to managing high impact/prevalence risks, identifying/responding to consumer abuse/neglect and incident management. I find requirement 8(3)(d) is compliant.

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)