Performance

Report

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| Name of service: | Performance report date: |
| Garrawarra Centre | 14 September 2022 |
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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 Garrawarra Centre (**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 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 19 August 2022.

# 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 | **Compliant** |
| **Standard 8** Organisational governance | **Non-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 8(3)(c)- The Approved Provider ensures effective organisation wide governance systems relating to regulatory compliance are in place.

# 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 generally said staff treat them with kindness and respect their cultural diversity and needs. Staff understood the spiritual, language and cultural needs of sampled consumers and provide person-centred care. Care plans included assessments to support the provision of tailored care and services.

Most representatives said they are involved in decisions about care and service delivery. Staff described how consumers are supported to maintain their important relationships and how representatives are supported to contribute to decision making.

Consumers are supported participate in activities which involve some risk, such as using gym equipment and walking in a nearby National Park. The service has policies and procedures to support consumers to take risks they want to take

Most representatives said they receive the information needed to make informed choices. Staff support representatives and consumers to make informed choices about care and services. Information is displayed throughout the service and consumers are informed of activities daily.

Most representatives said their privacy is respected. Care plans outlined consumer privacy preferences and requirements for personal care. Staff demonstrated practical ways they respect privacy, including by knocking on doors and respecting consumer personal space.

# 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

Care planning documentation demonstrated how the service uses assessment and planning to inform service delivery, including where risks are concerned. Staff demonstrated a shared understanding of how assessment and planning informs care and services delivery.

Representatives confirmed they had discussed end of life and advance care needs with staff, and this was supported by care plans that identified consumer needs, goals, preferences and end of life and advance care preferences.

Care plans evidenced partnerships in assessment and planning between representatives, the service, and others, where care is shared. Representatives said they are involved through direct conversations and case conferences and are appropriately updated on changes to care or care needs.

Care documents communicated assessment and planning outcomes and were accessible to staff and others at point of service delivery. Most representatives were satisfied staff explain care and services to them and were aware of or had seen the care plan.

Care plans demonstrated regular review of care and services, and reviews in response to incidents, changes and deterioration. Staff described the monthly review process and confirmed representatives are provided updates at reviews and/or when a need arises.

# 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

The Assessment Team recommended the following Requirement was non-compliant:

* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
  + is best practice; and
  + is tailored to their needs; and
  + optimises their health and well-being.

However, I have come to a different position to that of the Assessment Team and assessed this Quality Standard as compliant, for the reasons outlined below.

The Assessment Team brought forward evidence of behaviour support plans that did not specify the circumstances in which chemical restraints should be used and the psychotropic register that did not identify chemically restrained consumers. However, there was no identified impact to consumers as a result of these deficits and representatives generally considered consumers receive the personal and clinical care they need. The remaining evidence brought forth by the Assessment Team reflected safe and effective personal and clinical care.

The Approved Provider responded on 19 August 2022 and acknowledged deficits in behaviour support plans and the services’ psychotropic register and outlined steps already taken to improve governance of restrictive practices, including the establishment of a Restrictive Practice Committee. Other actions taken to date include updating the service’s psychotropic register and behaviour support plan templates to include more personalised strategies and information necessary to support best practice.

I am satisfied the service is taking necessary steps to align their management of chemical restraints with legislative requirements and improve the governance of restrictive practices. I find the deficits identified during the site audit reflected governance failures relating to regulatory compliance rather than ineffective personal and clinical care. The Assessment Team did not identify detrimental impact to any consumer because of how restrictive practices were managed and informed consent for restrictive practices were in place for sampled consumers. I have considered the evidence brought forward by the Assessment Team under Requirement 8(3)(c), where I believe it is more relevant. I find the service is compliant with Requirement 3(3)(a).

I am satisfied the remaining six requirements of Quality Standard 3 are compliant.

Representatives were satisfied with the service’s management of consumer risks. Care plans showed generally effective management of high impact, high prevalence risks and staff described interventions, responses and monitoring processes used to manage falls, weight loss, behaviour, choking and medication risks.

Care planning documents reflected consumer needs, goals and preferences for end of life care. Representatives confirmed they had completed advance care directives and discussed end of life plans with the service. Staff understood how care delivery evolves for consumers nearing end of life and described how the service identifies end of life preferences, documents them and collaborates with representatives when end of life pathways commence.

Care plans showed the service effectively identifies and responds to deterioration and change in consumer condition with relevant reviews, re-assessments and referrals. Staff explained how they identify and report changes or deterioration and how they are informed of these through daily safety huddles and multidisciplinary meetings.

Care plans disseminate the information needed to support safe and effective care, including risk information and consumer needs, goals and preferences and representatives considered consumers’ needs are effectively communicated to staff .

Care plans evidenced timely and appropriate referrals are made to a range of medical specialists, allied health professionals and specialist geriatric care services. Representatives confirmed timely and appropriate referrals and staff demonstrated understanding of the service’s referral process.

Staff described the infection prevention and control measures in place, including use of Personal Protective Equipment (PPE), hand hygiene and antimicrobial stewardship practices. The service is supported by relevant policies and procedures to guide staff practice, including an Outbreak Management Plan.

# 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

Consumer representatives were satisfied with the lifestyle program and considered it enhances consumers’ lives and wellbeing. Care plans included what is important to consumers and the information is used to inform care and service delivery in line with needs, goals and preferences. Staff described a lifestyle program including multisensory rooms, Montessori principles, service pets, a Men’s Shed and gym equipment.

Representatives confirmed consumers receive emotional support and comfort when needed. Staff use the strategies outlined in consumer behaviour support plans and the Assessment Team observed staff supporting consumers to contact family and friends and engaging with consumers individually.

Representatives confirmed consumers are supported to engage in activities in the wider community and maintain relationships with family and friends. Care plans evidenced consumers’ preferred activities and their participation in them. Lifestyle staff outlined how consumers are supported to call family, take daily bus outings and, engage with visiting church groups and entertainers.

Representatives confirmed their involvement in consumer case conferences and staff described how information is shared with others involved in care, such as support workers, multidisciplinary team members and consumer representatives.

Staff described the external partnerships that are in place to provide lifestyle activities in the service, including the use of local university and TAFE students, an on-site hairdresser and a therapy dog provider.

Consumers said they enjoyed the food provided at the service and most representatives were complimentary of the meal service. Care plans show speech pathologists contribute to dietary planning and food consistency requirements, as well as other preferences and needs, were documented. There is a rotational menu updated seasonally and options are provided at each meal, with snacks also available.

The service was observed to generally have the required equipment to meet consumer needs. Representatives were satisfied with equipment provided and staff confirmed the service is responsive to equipment requests. The service has preventative and reactive maintenance systems, with maintenance issues addressed as needed.

# 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

The service consists of four separate secure cottages and caters to consumers with dementia and challenging behaviours. Observations confirmed a welcoming environment, with artwork, personalised rooms and ample communal seating. Representatives reported consumers feel at home at the service, which they described as comfortable, quiet and calm. Signage, handrailing and colour coded doors enhance consumers’ independence and ability to navigate the service.

The service was observed to be clean and consumers were observed to move freely between indoor and outdoor parts of the service. Walkways were free from obstructions and staff described cleaning, laundry and maintenance processes used to support upkeep of the service.

The service demonstrated furniture, fittings and equipment are safe, clean, well-maintained and fit for use, however it was noted there is no call-bell system at the service as it was determined cognitive impairments would prevent consumers from using a call bell effectively. Alternative measures used include chair sensor pads and sensor mats for some consumers, as well as a staff activated emergency call button outside each room and regular welfare checks every 15 minutes for consumers without sensors. Consumer without call bells would generally call out for assistance, however the falls register showed this process had been ineffective in some instances. The service had identified this as an opportunity for improvement and were investigating alternative solutions at the time of site audit.

**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

Consumer representatives said they feel supported and encouraged to raise concerns and provide feedback to management and staff. Staff described how they respond to consumers raising concerns and said they felt comfortable raising complaints with management. Information about how to complain or provide feedback was displayed in the service, in handbooks and in admission packs provided upon admission.

The service provides representatives and consumers with information about ‘the Commission’s’ complaints function, advocacy services, translating and interpreting services and support services for Aboriginal and Torres Strait Islander consumers. Staff described advocating for consumers and supporting Non-English-speaking consumers.

Most representatives said service management responded appropriately to concerns they had raised, though some considered the service is overly communicative with them at times. One representative had several concerns which they felt had not been heard, however evidence confirmed the service is handling the consumers complaints appropriately. Staff had received training in open disclosure and demonstrated their use of the concept. The complaints register was reviewed and contained mostly compliments from representatives.

Representatives confirmed the service uses feedback to make improvements. Staff described service-level continuous improvement actions taken in response to feedback, including a recent capital works project to install air conditioners in consumer rooms. Review of the feedback and complaints register showed complaints had been documented, investigated and actioned, with service level improvements made as result.

**Standard 7**

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| Human resources | | 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. | 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

Representatives were satisfied the service has enough staff to meet the needs of consumers, care and nursing staff said they can compete their duties in the time allocated. The service has processes in place to address risk posed by the lack of a call bell system, including sensor mats on both sides of consumer beds and on consumer chairs, as well as regular line of sight supervision rounds.

Representatives said staff are kind, caring and ‘fantastic’ and observations confirmed interactions were, caring and respectful and showed staff know individual consumers.

Representatives said staff are well trained and good at their jobs. Management described established processes to ensure staff have competencies, qualifications and knowledge to perform their roles, including mandatory training through NSW Health and training on safety interventions. Staff performance is monitored, and position descriptions set out the required competencies and registrations for each role.

Representatives said staff ‘know what they are doing.’ Staff considered they had been properly trained and outlined the training they received. However, it was noted there had been deficits in restrictive practices training since the onset of the pandemic. The service monitors staff training completion.

The service is guided by performance review and planning policies and procedures, which set out the requirement for annual appraisals. Staff described professional development opportunities they had accessed as a result of performance appraisals. Management confirmed performance issues are raised immediately, rather than waiting until appraisal. **Standard 8**

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| Organisational governance | | Non-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. | Non-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 |

## Finding

I have assessed this Quality Standard as non-compliant as I am satisfied the following Requirement is non-compliant:

* Effective organisation wide governance systems relating to the following:
  + information management;
  + continuous improvement;
  + financial governance;
  + workforce governance, including the assignment of clear responsibilities and accountabilities;
  + regulatory compliance;
  + feedback and complaints.

The Assessment Team found deficits in organisational governance systems within the service, relating to continuous improvement and regulatory compliance.

The Assessment Team identified gaps in the documentation of continuous improvement initiatives undertaken by the Approved Provider in recent months however, no impact to consumers was identified as a result of these deficiencies. The Assessment Team found that while documentation was not consistently completed to track continuous improvement, improvement activities continued to be implemented by the service during the period in question such as strategies to reduce instances of falls and behaviour management programs.

Regarding regulatory compliance, the Assessment Team relied on evidence brought forward under Requirement 3(3)(a). The Site Audit Report noted the service had prioritised training in other areas in the preceding two years and consequently, staff had not received restrictive practices training.

The Approved Provider responded on 19 August 2022 and acknowledged the deficits identified by the Assessment Team. The response outlined actions, proposed, and implemented, to rectify the issues identified in the site audit report, as discussed in Requirement 3(3)(a). Additionally, the service has taken steps to update the continuous improvement register and the organisation has commissioned a review of key organisational governance guidelines, to account for recent regulatory reforms and the impacts resulting from the pandemic.

While I acknowledge the service has taken, and planned, appropriate steps to address the deficits in governance identified by the Assessment Team, these actions were taken after the Site Audit and not assessed for compliance. I am satisfied there were deficits in the regulatory compliance systems within the service and minor deficits in documentation of continuous improvement efforts, however I find that overall, continuous improvement systems remained effective. I find Requirement 8(3)(c) is non-compliant.

I am satisfied the remaining four requirements of Quality Standard 8 are compliant.

The service actively engages consumers and representatives in the design, delivery and evaluation of care services, through bi-monthly consumer meetings, feedback forms and regular direct contact between senior management, consumers and representatives. Staff considered the service well-run and management responsive to feedback.

The service was recently established as part of the South Eastern Sydney Local Health District, NSW Health. Governance arrangements for the local hospital and the centre are merged and formal reporting to the executive occurs monthly. The governing body has recently shifted the service to more person-centred care and has promoted a culture of safety and quality by moving the service to an electronic care management system and procuring new safety intervention training following an increase in reportable incidents at the service.

The service demonstrated effective management systems relating to high prevalence and high impact risks, recognising and responding to abuse and neglect, consumer quality of life and incident management and prevention. A documented risk management framework is in place, staff understood the relevance of the policies to their work and had received the relevant training.

The service has a documented clinical governance framework with policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff and managed understood the application of those policies to their roles.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)