Gawler Grande Views

Performance Report

3 Duffield Street   
GAWLER EAST SA 5118  
Phone number: 08 7221 9160

**Commission ID:** 6894

**Provider name:** Martindale ACF Pty Ltd

**Assessment Contact - Site date:** 28 June 2022 to 29 June 2022

**Date of Performance Report:** 27 July 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this 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 consumers, representatives, staff, management and others;
* the provider’s response to the Assessment Contact - Site report received 13 July 2022 indicating further information to the Assessment Team’s report would not be provided;
* a Performance Report dated 6 December 2021 for an Assessment Contact – Site undertaken on 30 September 2021; and
* a Performance report dated 19 July 2021 for a Site Audit undertaken from 6 April 2021 to 8 April 2021.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) in Standard 2 was found Non-compliant following a Site Audit undertaken from 6 April 2021 to 8 April 2021 where it was found assessment and planning, including consideration of risks to consumers’ health and well-being, did not inform the delivery of safe and effective care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Martindale ACF Pty Ltd, in relation to Gawler Grande Views, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) Compliant**

*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.*

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 6 April 2021 to 8 April 2021 where it was found assessment and planning, including consideration of risks to consumers’ health and well-being, did not inform the delivery of safe and effective care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed care files for two named consumers to ensure information relating to behaviours, description and management is documented; best practice strategies for behaviours of concern are recorded; and behaviours of concern are recorded and updated on an ongoing basis.
* Undertaken policy reviews and development in relation to restrictive practices and Behaviour support plans.
* Updated forms in the electronic care system to restrictive practice legislation.
* Developed a Restrictive practices risk register.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* Care files sampled for three consumers demonstrated initial assessments and planning for both permanent and respite consumers is undertaken as part of an Admission pathway process. These are reviewed monthly as part of a Comprehensive clinical review, at formal six-monthly care plan reviews or in response to a change in consumers’ goals, circumstances or health.
* Six consumers and representatives confirmed they are involved in care planning processes and are advised of any changes to consumers’ care needs. Consumers indicated they are partners in their care, feel informed and empowered and care is delivered in line with their needs.
* Staff demonstrated familiarity with assessment and planning processes. Clinical staff reported they review risk for consumers by undertaking assessments, such as dignity of risk/restrictive practice support plans, continence assessments, functional assessments and skin assessments on entry and these are regularly reviewed and discussed at clinical meetings. Care staff described consumer care needs, preferences, risks and mitigation strategies which were reflected in consumers’ care files.

For the reasons detailed above, I find Martindale ACF Pty Ltd, in relation to Gawler Grande Views, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirements (3)(a), (3)(b) and (3)(g) in Standard 3 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirements (3)(a) and (3)(g) in Standard 3 were found Non-compliant following a Site Audit undertaken from 6 April 2021 to 8 April 2021 where it was found:

* the service did not ensure each consumer received safe and effective clinical care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to management of diabetes and fluid restriction; and
* infection control processes did not minimise infection related risks as they were not effectively implemented.

Requirement (3)(b) was found Non-compliant following an Assessment Contact undertaken on 30 September 2021 where it was found the service did not ensure high impact or high prevalence risks associated with the care of each consumer were effectively managed, specifically in relation to management of pain, behaviours and falls.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at both the Site Audit and Assessment Contact and have recommended Requirements (3)(a), (3)(b) and (3)(g) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Martindale ACF Pty Ltd, in relation to Gawler Grande Views, Compliant with Requirements (3)(a), (3)(b) and (3)(g) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirements below.

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Compliant**

*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.*

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 6 April 2021 to 8 April 2021 where it was found the service did not ensure each consumer received safe and effective clinical care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to management of diabetes and fluid restriction. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a new policy and procedure to reflect legislative requirements relating to restrictive practices and Behaviour support plans.
* Updated the diabetes management policy to reflect best practice guidelines.
* Provided training to staff in relation to diabetic management.
* Reviewed Registered nurse allocations to ensure provision of monitoring and managing insulin dependent diabetic consumers’ blood glucose levels and insulin management, including follow up of out of range levels, in line with organisational policy.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers and representatives sampled said consumers get the care they need and are confident staff know consumers well and would recognise, report, and manage any issues relating to their health or well-being.
* Care files sampled reflect individualised care that is safe, effective and tailored to the specific needs and preferences of consumers.
* The service demonstrated a clear understanding of restrictive practices with the appropriate assessments completed. Care files sampled demonstrated consultation occurs with consumers and representatives prior to implementation of mechanical and environmental restraints. There are minimal restrictive practices in place.
* Care files sampled for five consumers included alerts to remind staff of those consumers on fluid balance monitoring charting and to monitor fluid intake which is reviewed daily by the Registered nurse. All consumers on fluid restrictions are monitored on a monthly basis when weights are completed to ensure consumers do not have signs of increased fluid retention.
* Care files sampled for three diabetic consumers demonstrated blood glucose levels are monitored in line with Medical officers’ directives. Staff monitor consumers when blood glucose levels are outside their desired range and additional blood glucose monitoring is undertaken to assess effectiveness of actions taken.
* Staff sampled described monitoring and management strategies relating to consumers’ skin integrity and pain and demonstrated a clear understanding of restrictive practices, including types of restraint and monitoring of consumers’ safety.

For the reasons detailed above, I find Martindale ACF Pty Ltd, in relation to Gawler Grande Views, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(b) Compliant**

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Requirement (3)(b) was found Non-compliant following an Assessment Contact undertaken on 30 September 2021 where it was found the service did not ensure high impact or high prevalence risks associated with the care of each consumer were effectively managed, specifically in relation to management of pain, behaviours and falls. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Provided training to staff in relation to risk management.
* Updated assessments and care plans for consumers with high prevalence or high impact risks. For consumers at significant risk, an alert is placed on their vital information daily worksheet to inform staff.
* Updated the electronic system to include a dignity of risk/Behaviour support plan.
* Developed a Restrictive practice risk register audit in which consumers’ risk assessments are linked to the register and updated in live time.
* Updated electronic pain management records to include what type of pain relief, for how long and to direct staff to record effectiveness of as required medication in progress notes.
* Updated the pain management plan to separate into three different areas, including identification, non-pharmacological and pharmacological options.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* A sample of consumer files demonstrated high impact or high prevalence risks are identified, planned for and addressed. Individualised strategies to minimise the impact of these risks are outlined in each consumer’s care plan and were noted to be reviewed following incidents and/or changes to consumers’ health or well-being and on a regular basis.
* Care files sampled demonstrated appropriate management of risks relating to pain, behaviours and falls. Where issues are identified, monitoring and reassessments occur, care plans are reviewed and updated and appropriate referrals initiated.
* Staff sampled were knowledgeable of consumers and demonstrated an awareness of consumers who were high risk and strategies they implement to ensure they remain safe. Care and clinical staff described the service’s incident reporting protocol and practices, including those relating to high risk incidents
* A high care consumer management procedure has been implemented that captures high risk consumers. The procedure outlines clinical indicators that would classify a consumer as high care, including new consumers, falls, challenging behaviours, wounds, infections, unstable mental health, specialised nursing and other clinical deterioration. Consumers that are on the high care list have a red heart placed on their doors to provide staff with a visual reminder of their high care needs.

For the reasons detailed above, I find Martindale ACF Pty Ltd, in relation to Gawler Grande Views, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(g) Compliant**

*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.*

Requirement (3)(g) was found Non-compliant following a Site Audit undertaken from 6 April 2021 to 8 April 2021 where it was found infection control processes did not minimise infection related risks as they were not effectively implemented. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Developed quick reference resources to manage a potential infection outbreak.
* Updated the Outbreak management policy to reflect new SA Health standards.
* Introduced tri-weekly short observational framework for inspection (SOFI) in relation to infection risk minimisation precautions, including hand hygiene and donning and doffing.
* Provided refresher training for all staff in relation to infection control practices, ongoing competency assessments and observations.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service demonstrated practices and processes which support the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection, and practices to promote appropriate antibiotic prescribing and use to reduce the risk of increasing resistance to antibiotics.
* Clinical staff described policies to minimise antibiotic usage, trials of alternative actions prior to administering of antibiotics, such as use of fluids, review of catheters and clinical reviews and ongoing discussions with Medical officers in relation to infection control practices and management
* Clinical staff described COVID-19 preparedness and actions taken during COVID-19 outbreaks and staff were observed adhering to infection control practices which support the minimisation of transmission-based infection.
* Consumers and representatives indicated they are satisfied the service communicates and manages infection related risk effectively. One consumer, who had been diagnosed with COVID-19 during a recent outbreak, indicated whilst isolation processes were not ideal, they had confidence in the abilities of staff to manage the situation and was provided emotional support by staff during this time.

For the reasons detailed above, I find Martindale ACF Pty Ltd, in relation to Gawler Grande Views, Compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed Requirement (3)(b) in Standard 5 Organisation’s service environment as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(b) in Standard 5 was found Non-compliant following a Site Audit undertaken from 6 April 2021 to 8 April 2021 where it was found the environment was not consistently safe, clean and comfortable, and did not enable consumers to move freely both indoors and outdoors. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(b) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Martindale ACF Pty Ltd, in relation to Gawler Grande Views, Compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 5 Requirements**

**Requirement 5(3)(b) Compliant**

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

Requirement (3)(b) was found Non-compliant following a Site Audit undertaken from 6 April 2021 to 8 April 2021 where it was found the environment was not consistently safe, clean and comfortable, and did not enable consumers to move freely both indoors and outdoors. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Recruited additional cleaning staff and developed a robust cleaning schedule that allows for flexibility of consumer numbers.
* Implemented SOFI audits to assist in identification of issues relating to cleanliness of the service, as well as conducting specific SOFI audits in the memory support unit that investigate cleanliness and odour issues.
* Obtained verbal feedback from consumers and representatives, specifically in relation to the environment and cleanliness.
* Allocated access fobs to consumers enabling freedom of movement to all floors and external areas.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers and representatives sampled said consumers felt safe and were able to move freely within the service environment and access the external undercover outdoor entertainment area and garden. Consumers said communal areas and their bedrooms were clean and well maintained.
* Use of regular cleaning schedules for both individual consumer rooms and communal areas, visual cleaning audits and scheduled, preventative and reactive maintenance programs, ensures effective management of the environment.
* An inner courtyard, furnished with potted plants and outdoor furniture appropriate for consumers, was observed to be clean and well-maintained. Doors to the courtyard were unlocked allowing consumers freedom of movement and consumers sampled confirmed using this area on warmer days.
* The memory support unit does not have its own outdoor area, however, staff reported assisting and supervising consumers from this area to access the inner courtyard and external areas of the service.
* Preventative and reactive maintenance processes are in place to ensure ongoing maintenance of all areas of the service. All maintenance issues are prioritised and addressed based on levels of risk. Contracted services are utilised to maintain and inspect aspects of the service environment and equipment.
* Staff described processes to report maintenance issues, hazards and faulty equipment and said issues are addressed quickly. Additionally, staff described actions to take in the event of an emergency, and how consumers with hearing, sight and mobility impairments are assisted.

For the reasons detailed above, I find Martindale ACF Pty Ltd, in relation to Gawler Grande Views, Compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) in Standard 7 was found Non-compliant following a Site Audit undertaken from 6 April 2021 to 8 April 2021 where it was found the workforce was not planned to enable, or the number of members of the workforce deployed enabled the delivery or management of safe and quality care. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Martindale ACF Pty Ltd, in relation to Gawler Grande Views, Compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 7 Requirements**

**Requirement 7(3)(a) Compliant**

*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.*

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 6 April 2021 to 8 April 2021 where it was found the service’s workforce was not planned to enable, or the number of members of the workforce deployed enabled the delivery or management of safe and quality care. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Recruited additional cleaning staff and established a casual pool of clinical and care staff to ensure consistency of care and reduction of agency use.
* Increased call bell monitoring; including feedback from affected consumers to ascertain impact of any delay in service provision.
* Reviewed the call bell procedure to include details of staff accountabilities.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Five consumers said staff are hardworking and while the service needs more staff as staff always appear very busy, staff always meet their needs and they had not experienced any negative impacts to their care or services.
* There are systems to ensure the workforce is planned and the numbers and mix of staff are appropriate to ensure delivery and management of safe and quality care and services. There are established systems to identify workforce shortages and monitor staffing levels; workforce hours can be adjusted to ensure the delivery of care and services to meet current consumer needs.
* COVID-19 has impacted workforce management, however, management have implemented ways to support staff, including extending of shifts, mentoring of unqualified staff, increased education and training and development of a casual pool of clinical and care staff.
* Call bell response times are monitored and any activations outside the service’s key performance indicator are investigated. Documentation sampled demonstrated investigations are undertaken in consultation with consumers and representatives.

For the reasons detailed above, I find Martindale ACF Pty Ltd, in relation to Gawler Grande Views, Compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.