Performance

Report

**1800 951 822**

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| Name of service: | Gaynes Park Manor |
| Service address: | 251 Payneham Road JOSLIN SA 5070 |
| Commission ID: | 6955 |
| Approved provider: | Churches of Christ Life Care Incorporated |
| Activity type: | Site Audit |
| Activity date: | 17 April 2023 to 19 April 2023 |
| Performance report date: | 24 May 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 Gaynes Park Manor (**the service**) has been prepared by M. Nassif, 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 11 May 2023.

# 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 | **Compliant** |

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 in order to remain compliant with the Quality Standards.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with dignity and respect. Staff were observed to interact with consumers in a respectful manner, and demonstrated familiarity with consumers’ culture, diversity, and identity. Care planning documents reflected information about consumers’ diversity, cultural background, and personal preferences.

Staff explained how they tailored the delivery of care and services to support consumers culture, consistent with information in care planning documents. Consumers and representatives confirmed the service recognised and respected consumers’ cultural background and provided care that is consistent with their cultural preferences.

Consumers and representatives said, and staff confirmed, consumers were supported to make decisions about care and services. Care planning documents identified consumers’ individual choices and who they would like involved in their care, including relationships of importance. Consumers’ feedback and observations confirmed consumers were supported to maintain relationships.

Consumers described how the service supported them to take risks to enable them to live life the way they choose. Staff said, and documentation confirmed, consumers were supported to take risks through assessment, planning, and consultation processes, including with other health professionals if required.

Consumers confirmed they received information which helped them to make decisions. Staff described the ways information was provided to consumers, to meet their needs and preferences, such as, speaking in plain language, using cue cards, and referring to body language.

Consumers said their privacy was respected, for example, staff knocked on a consumer’s door before entering. The service’s policy outlined how the service protected the privacy of personal and sensitive information was collected, used, disclosed, and accessed. Staff were observed maintaining privacy protocols.

# 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. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documents demonstrated a comprehensive assessment and care planning process that is used to inform safe and effective care and services. Consumers and representatives expressed satisfaction with assessment and planning of consumers’ care and services. Staff described how assessment and planning processes were used to inform the delivery of safe, effective care and services.

Care planning documents demonstrated assessment and planning identified and addressed consumers’ current needs, goals, and preferences, including advance care planning. Management and staff described the processes in place to address advance care and end of life planning, during admission to the service and when there was a deterioration.

Care planning documents and consumer feedback evidenced ongoing involvement of consumers, representatives, and other providers of care and services in the assessment and planning process. Staff and other providers of care described how they were involved in assessment and planning of consumers care and services.

Management and staff described how they communicated the outcomes of assessment and planning to consumers and representatives, such as through case conferences. Management said, and representatives confirmed, a copy of the care and services plan was provided.

Management and staff described the assessment and planning processes in place for 6 monthly scheduled reviews, and other times as required. Care planning documents demonstrated care and services were reviewed every 6 months in line with policy, or when there was a change in consumers condition, goals, or preferences. Consumers and representatives confirmed consumers’ care and services were regularly reviewed.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives expressed satisfaction with personal and clinical care provided. Management and staff described the needs and preferences of consumers, and how they delivered care which was safe and right for them. Care planning documents evidenced safe, effective, and best practice care was provided and tailored to consumers’ needs and preferences.

Care planning documents for a named consumer demonstrated high impact risks, such as falls, were identified and appropriately managed. Staff demonstrated knowledge of high impact, high prevalence risks associated with the care of the named consumer, and described risk mitigation strategies in place, consistent with observations.

Staff described how care and services changed for consumers nearing end of life and ways they supported consumers comfort and dignity. Care planning documents for a named consumer receiving end of life care evidenced strategies were in place to support the consumer’s comfort. The named consumer’s representative confirmed the consumer received appropriate palliative care.

Staff explained how they recognised signs of deterioration in consumers and actions they would take in response. Care planning documents evidenced deterioration or changes to consumers condition were identified and responded to in a timely manner. Consumers and representatives expressed satisfaction with the service's response to deterioration in consumers.

Management and staff described the ways information was recorded and shared about consumers within the service, and with other providers of care and services. Observations and care planning documents demonstrated information was shared and communicated within the service, and with others as appropriate. While most consumers and representatives said they were happy with communication within the organisation, one anonymous representative did not believe communication was effective. However, no impacts on consumers was brought forward.

Management and staff explained how referrals were made to other providers of care as needed, such as allied health professionals and the medical officer. Consumers and representatives confirmed consumers received regular access to other providers of care. Care planning documents evidenced timely and appropriate referrals were completed.

Consumers and representatives expressed satisfaction with the service's infection control measures. Management and staff described the service's infection-related risk management protocols. Staff explained how they promoted appropriate antibiotic prescribing, such as obtaining pathology test results first before prescribing antibiotics.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they were supported to participate in activities of interest, and were provided appropriate support to optimise their independence and quality of life. Staff explained how they partnered with consumers and their representatives to inform lifestyle activities and supports available for consumers. Documentation demonstrated various activities were available to support consumers diverse interests and needs.

Consumers described how the service supported their emotional, spiritual, and psychological well-being, such as supporting their religion and relationships. Staff described the ways they supported consumers’ emotional, spiritual, and psychological needs consistent with consumers’ feedback.

Consumers said they were supported to participate in activities within and outside the service, keep in touch with people important to them, and do things of interest. Staff described how they supported consumers to participate within the community, and engage in activities of interest. Care planning documents evidenced consumers involvement in their community, and maintaining personal and social relationships, consistent with consumers feedback.

Consumers and representatives said information about consumers preferences, needs, and condition were effectively communicated within the service, and with others responsible for care. Staff described how they shared information about consumers, such as updating and reviewing the electronic records management system, staff handovers, and communication books.

Staff explained how they engaged other organisations and providers to supplement services available, such as volunteers, hairdressers, and entertainers. Care planning documents confirmed consumers were referred to external providers and services. Consumers said they are supported by external organisations and providers of other care and services.

Overall, consumers confirmed meals were of suitable quality and quantity. Two consumers reflected meal quality could be improved, however, confirmed alternative food options were available. Staff described how they catered to consumers dietary needs and preferences to ensure consumers received appropriate meals, for example, through feedback mechanisms. Care planning documents contained relevant information about consumers dietary needs and preferences.

Consumers said, and staff confirmed, they had sufficient access to equipment to provide a range of lifestyle programs and support for consumers. A range of equipment was observed to be in a suitable, clean, and in good condition.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said, and observations confirmed, the service environment was welcoming and created a sense of belonging. Consumers and representatives said the service environment was safe and comfortable, and easy to navigate. The service environment had wide corridors to accommodate mobility aids, with handrails and signage available to assist consumers navigation, interaction, and function.

Consumers said the service environment is safe, clean and well-maintained and allows them to move around freely. Consumers were observed independently moving between different areas of the service environment, including outside. Documentation demonstrated maintenance was completed through contracted service providers, and monitoring systems were in place. Though 2 representatives expressed concerns around cleanliness of consumer’s rooms, management were observed to address the feedback immediately. The service environment was observed to be clean and well maintained.

Staff described the maintenance processes in place for the service environment, equipment, furniture, and fittings, including preventative maintenance and responding to faults. Overall, consumers reflected they had access to clean and well maintained equipment. Some consumers advised their call bells did not work at times. However, documentation demonstrated the service had previously identified the issue and actions were in place to address the call bell issues. Furniture was observed to be in clean and good condition.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Overall, consumers and representatives confirmed they knew how to provide feedback and make complaints, and were supported to do so. One representative said they did not feel comfortable in raising complaints. However, management provided evidence of support provided to the representative in raising complaints. Management and staff described the processes in place to encourage and support consumers and representatives in providing feedback and complaints. Feedback forms and boxes were observed around the service.

Staff described advocacy and language services available for consumers, and provided examples of how they informed consumers of other methods to raise and resolve complaints. Information was observed throughout the service environment about advocacy and language services. Consumers and representatives were aware of the language, advocacy and external complaints services that are available.

Consumers and representatives said the service responded to and resolved complaints or concerns when they are raised. Management explained how they would resolve complaints using an open disclosure approach, such as apologising and using open communication. Complaints documentation demonstrated action is taken and open disclosure is practiced.

Management described how complaints and feedback were resolved and used to inform improvements across the service. Documentation demonstrated improvements were made in response to feedback from consumers. Consumers and representatives reported that their feedback is used to improve services.

# 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 |
| 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Overall, consumers and representatives confirmed there was sufficient staff available at the service. Consumers and representatives considered there was a shortage of staff at times, however, reported no impacts to consumers. Management explained how unplanned leave was covered. The roster demonstrated most shift were filled, with a minor amount of unfilled shifts. Documentation demonstrated consumers calls for assistance were answered in a timely manner.

Consumers and representatives said staff were kind, caring, and respectful to consumers. Management explained staff were required to uphold a code of conduct and were provided training, as evidenced. Observations confirmed staff treated consumers in a kind and respectful manner, such as referring to consumers by their preferred name.

Management described the staff onboarding, education, and training processes to ensure staff were competent and had the knowledge to effectively perform their roles. Through recruitment processes, staff were required to have relevant qualifications as outlined on position descriptions. Documentation confirmed the service had systems in place to monitor staff registrations and checks.

Staff considered they were trained, equipped, and supported to deliver safe and effective care. Management explained the training and education available to support staff, such as infection control and prevention, elder abuse, and incident management. Training records demonstrated most staff were up-to-date with training requirements.

Documentation demonstrated staff performance was regularly reviewed. Some staff performance reviews were overdue, however, the service had identified and demonstrated a plan was in place to address the overdue reviews prior to the site audit.

# 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

This Quality Standard is compliant as 5 of the 5 requirements have been assessed as compliant.

The Assessment Team recommended Requirement 8(3)(c) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response and my findings are:

Regarding Requirement 8(3)(c), the Site Audit report identified 2 reportable incidents that were not reported to the Commission under the Serious Incident Response Scheme (SIRS).

* The first incident was in regard to complaint where a representative said there was neglect of a consumer whose call for assistance was unattended, and the consumer was left in pain all night. Management acknowledged that the incident not being reported through SIRS was an oversight and the incident will be reported.
* Regarding the second incident, a representative made a complaint that staff had roughly handled a named consumer whilst administering eye drops, and also squeezed the consumer’s fingers tightly. Management advised the incident was not reported to SIRS, as the staff member described was not working on the evening described in the complaint. Documentation demonstrated the service responded to the complaint when it was lodged through investigation, using an open disclosure process, and conducting a clinical review of the consumer. Management advised the incident would be reported through SIRS.

The provider’s response disagreed with the findings identified above and provided additional information and supporting evidence. I have considered the following information relevant:

* Regarding the first incident, the response provided evidence of investigations undertaken to determine that there was no call for assistance on the night in question and the reason for this may be due to the consumer’s ability to press the call button. The response provided evidence of assessment of the consumer to determine the appropriate call bell for the consumer. The response stated that, based on the service’s review of the incident, they did not believe the incident met the criteria of a reportable incident that required to be reported through SIRS. Nevertheless, upon feedback from the Assessment Team, the service reported the incident through SIRS.
* Regarding the second incident, the response clarified that actions taken by staff was due to the consumer not being responsive and clinical assessments were undertaken to assess the consumer’s pain response. As the incident was in the context of providing clinical care, the service did not believe it fell within the requirements to be reported through SIRS. Nevertheless, upon feedback from the Assessment Team, the service reported the incident through SIRS.
* The response provided evidence of documents, including SIRS guidance, and examples where the service has reported SIRS incidents in line with regulatory requirements to demonstrate awareness and understanding of SIRS requirements.
* The response provided evidence of a continuous improvement activity in place prior to the site audit, with incidents to be reviewed on a weekly basis. The response also evidenced training undertaken by staff in relation to their responsibilities and reporting through SIRS.

I consider the response demonstrated the service has effective organisation wide governance systems relating to regulatory compliance. I have considered the 2 incidents brought forwarding the site audit report, and the surrounding circumstances clarified in the response, are not indicative of systemic deficiencies in the governance of regulatory compliance. The response demonstrated the service is aware of their regulatory obligations in relation to SIRS and undertakes investigations to determine when an incident is required to be reported through SIRS.

In relation to other governance systems areas, the service demonstrated effective organisation wide governance systems were in place for information management, continuous improvement, financial governance, workforce governance, feedback and complaints. For example, guidance and tools supported the service’s response to feedback and complaints through investigation and resolution. Complaints were analysed for trends and to inform improvements, and reported to the board.

Therefore, on the balance of the evidence before me, I find Requirement 8(3)(c) compliant.

I am satisfied the remaining 4 requirements in Quality Standard 8 are compliant.

Management described the mechanisms in place to support consumers in the engagement, development, delivery and evaluation of care and services. Consumers and representatives said, and documentation confirmed, consumers were involved in the development, delivery and evaluation of care and services.

Management explained the governing body maintained oversight of the service and demonstrated accountability through mechanisms such as committees, audits, meetings, and reviewing consolidated reports. This was consistent with documentation.

The service had a risk management system that consisted of policies and procedures to manage high impact high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents.

The service had a clinical governance framework in place which covered antimicrobial stewardship, minimising the use of restraint, and practicing open disclosure. Staff demonstrated awareness of the framework and provided examples of how it applied to their role.

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-1)