Performance

Report

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| Name of service: | Genista Aged Care Facility |
| Service address: | 185 Old Prospect Road GREYSTANES NSW 2145 |
| Commission ID: | 0558 |
| Approved provider: | Genista Nursing Home Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 5 January 2023 |
| Performance report date: | 17 March 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 Genista Aged Care Facility (**the service**) has been prepared by T Wilson, 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.

# 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

Consumers were observed being treated with dignity and respect through the Site Audit and confirmed staff respect their choices and show kindness to them. Consumers described how they were involved in the planning of their care including others who they wished to be involved and could make choices about their care and services. Consumers confirmed they are supported to take risks and can make decisions about risks they like to take. Consumers and representatives report that they are kept updated on any changes in several ways including an online application that allows communication with families and consumers. Consumers could describe how staff respect their privacy.

Staff interviewed could describe how they respect each consumer’s identity and culture including the use of each consumer’s preferred name and delivering care respectfully. Staff described strategies for supporting consumers to exercise choice and independence, including always offering choices regarding times for getting out of bed and showering, food, and choice of clothing. Staff were observed to be providing information to consumers about activities and meals. Staff confirmed they ensure that all personal information is kept confidential.

The service’s assessment process includes gathering information about consumer’s life history including needs, preferences, likes, cultural, spiritually and sexuality and important events to ensure they are treated with dignity and respect and care and services are culturally safe. Documentation confirmed this is recorded in care planning information along with the choices consumers make. Risk assessment and dignity of risk forms were completed and reviewed in line with the service’s risk management policies and procedures to provide informed consent. The service has a suit of policies and processes including a privacy and dignity policy which is included in the consumer welcome pack and staff employment onboarding process.

Accordingly, I find Standard 1, Consumer Dignity and Choice, Compliant.

# 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

Consumers and representatives confirmed care is well planned, and the staff take the time to understand how to support consumers and they are actively involved in the assessment, planning and review of their care and services. Representatives said information is gathered through the care planning process to inform consumer’s end of life wishes. Consumers and representatives confirmed they receive regular communication about consumer care and care is reviewed following incidents or a change in consumer condition.

Staff interviewed were able to describe the assessment and care planning process and could describe a variety of assessed risks for consumers and what to do with them. Staff interviewed could explain where to locate consumers advanced care directives and could explain the information in the care plan to direct end of life care. Staff confirmed that consumers and/or representatives are offered a copy of the consumer’s care plan and will provide them in hard copy or via email.

Documentation confirmed there are policies and procedures to explain consumer assessments and how this is to be done in conjunction with the consumer/representatives, and others involved in care delivery for example. The polices outline when this is to occur, including upon admission to the service, following incidents, such as falls or hospital admissions, unplanned weight loss, and changes in pain.

A review of consumer care files confirmed effective, comprehensive assessment and care planning is completed that identifies the needs, goals and preferences of consumers sampled, including identified risks and end of life care. Recommendations from other providers of care were included in the care planning information reviewed along with evidence of follow up after incidents or a decline with a consumer.

Accordingly, I find Standard 2, Ongoing assessment and planning with consumers, Compliant.

# 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

Consumers and representatives confirmed they receive the personal and clinical care they require and feel confident they will receive end of life care as per their wishes. Representatives stated they are contacted when incidents occur, and the service takes appropriate actions to follow up on incidents or changes of a consumer’s condition. Consumers and representatives interviewed confirmed they are referred to other services when required and they have confidence that staff communicate as their care wishes are known. Consumers and representatives interviewed also said that the service is clean, and they observe staff to practice good infection control.

Staff interviewed said that they can access care plans and are supported and trained to deliver care according to consumer needs. Staff said they were aware when a consumer was approaching end-of-life and they are supported to deliver care that aligns with the consumers’ needs, goals and preferences. Staff described how changes in consumer’s care and services are communicated through verbal handover processes, meetings, accessing care plans, accessing the care management system or messages through electronic notifications. Staff could describe the referral process and the range of practitioners they can refer consumer to. Staff confirmed they have been trained in infection control and describe how to minimise the need for antibiotics and ensure they are used appropriately.

Care planning documentation evidenced the assessment process assisted to ensure care is personalised and tailored to each consumer’s needs. High impact, high prevalence risk is managed through strategies provided in care plans which showed care was delivered via the instructions. Documentation showed that changes in care is shared through handover, meetings and care alerts and care planning evidence that care is provided by other services and included in the care planning information.

Observations showed that the service has sufficient stocks of personal protective equipment and staff were observed to practice good hygiene. The service was observed to have a suite of policies and procedures available to guide staff with provision of care and services.

Accordingly, I find Standard 3, Personal care and clinical care, Compliant.

# 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

Consumers confirmed they are supported to do things of interest to them, and staff take the time to provide them with emotional support when they are feeling down, and staff know what they like and their preferences. Consumers interviewed were satisfied with the quality, variety, and quantity of meals provided by the service.

Staff explained how they modify activities in consultation with consumers. Staff said they collaborates with a musician to visit consumers and provide music therapy to uplift the consumers’ moods and improve their emotional well-being. Staff demonstrated how to report when equipment is observed requiring repair and unsafe for the consumer to use. Consumers are consulted by staff in relation to the menu and food choices.

The service has an activity planner so consumers can decide what activities they would like to attend. There are multidenominational church services for consumers to attend. Consumer files evidenced referrals for online support and those at risk of being socially isolated. Equipment such as mobility aids such as wheelchairs or walking sticks that enables consumers to attend activities are clean and well maintained.

Accordingly, I find Standard 4, Services and supports for daily living, Compliant.

# 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

Consumers confirmed they feel at home and their rooms were observed to be personalised with their own pictures, cushions, blankets and furniture. Consumers were satisfied the service is kept clean and can request additional cleaning if they feel they need any. Consumers expressed satisfaction with maintenance confirming all requests are attended to promptly.

Staff confirmed how they would check to ensure equipment is safe to use and what they would do if any maintenance was required. Maintenance staff confirmed all equipment, furniture and fittings are maintained according to planned preventative maintenance schedules which were reviewed and found to be up to date.

The service was observed to be friendly and welcoming with sufficient lighting and handrails to assist consumers with mobility. Couches and lounge chairs with cushions were observed through in many areas of the service for consumers to enjoy, there was also a café for consumers and family to enjoy. Consumers were observed moving freely around the lounge and dining rooms, hallways, and gardens.

Accordingly, I find Standard 5, Organisation’s service environment, Compliant.

# 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

Consumers and representatives confirmed they are encouraged and supported to provide feedback and make complaints. They are also aware of advocacy services and alternate complaints avenues but said they are comfortable raising concerns with management and staff who will escalate their complaint accordingly. Consumers and representatives also confirmed issues promptly addressed and resolved to their satisfaction and an apology offered when things go wrong.

Staff confirmed they are aware of the complaint process and will assist consumers who require it. Staff could describe the translation assistance and how assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Clinical staff described the training they have received on open disclosure and demonstrated a shared understanding of the principles of open disclosure.

Documentation showed comments and complaints are logged into a system to be tracked and analysed to ensure consumer services are improved though the process. The service has a resident representative communication register where the consumer representatives can have their feedback recorded, reviewed and responded to by the service. Review of the plan for continuous improvement showed improvement have been made through consumer feedback.

Complaints and advocacy information was observed on noticeboards and various service publications, showing the internal complaints system and how to access the external complaints mechanisms.

Accordingly, I find Standard 6, Feedback and complaints, 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 |
| 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

Consumers and representatives confirmed they are generally satisfied with numbers of staff in the service to meet their care needs and staff are staff are kind, caring and gentle. Consumers and representatives feel confident staff are sufficiently skilled to meet their care needs and staff generally know what they are doing.

Staff confirmed enough staff to care for consumers at the service and they all work together to ensure consumers receive the care they require. Members of the service’s workforce are trained, equipped, and supported to deliver care and services that meets consumer’s needs and preferences and the quality standards. Management could describe the process to ensure they are enough staff to meet consumer’s needs.

The service provides documentation to each staff member which outlines their role and duties, and each staff member is checked to ensure they have the relevant qualifications for the role. Documentation showed mandatory training is provided to all staff members which is completed annually or as required. Additional training in other topics, such as infection control and other areas is undertaken to ensure the Quality Standards are met. The service completes an orientation with each staff member to ensure they understand the service and their roles. Each member of the workforce completes and annual performance appraisal with documentation reviewed showing they are up to date.

Accordingly, I find Standard 7 Human resources, Compliant.

# 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

Consumers confirmed they feel they are involved in the development and delivery of care provided and had input through the food focus group and resident relative meetings. Consumers confirmed they feel safe in the service and supported by management and staff.

Staff could describe processes undertaken to engage consumers in the development, delivery and evaluation of care and services including throughout the admission process, during care consultations, at consumer and representative meetings, response to audits undertaken and through the feedback and complaint mechanisms at the service.

The service is supported by the organisation’s governance systems and the oversight of the Board who is accountable for the delivery of safe and quality care and services. Reports are delivered to the Board for consideration and discussion at the various governance meetings.

The service demonstrated the organisation’s governance systems, including information management, continuous improvement, feedback and complaints, regulatory compliance, finance and workforce governance. The service has effective risk management systems to identify and respond to high impact and high prevalent risks associated with the care of consumers. Staff interviewed were able to explain the processes of risk management at the service, including how risk are identified and mitigated.

The service demonstrated it has effectively implemented a clinical governance framework with policies and procedures to support the minimisation of restraint, use of open disclosure when things go wrong and antimicrobial stewardship.

Accordingly, I find Standard 8, Organisational governance, Compliant.

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