Performance

Report

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| Name of service: | Georges Estate Health & Aged Care |
| Service address: | 1 Centre Street Penshurst NSW 2222 |
| Commission ID: | 1112 |
| Approved provider: | Kogarah Health, Aged and Community Care (NSW) Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 August 2023 to 16 August 2023 |
| Performance report date: | 5 October 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 Georges Estate Health & Aged Care (**the service**) has been prepared by T Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 13 September 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 2(3)(a)

* Ensure 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.
* Ensure strategies and interventions implemented are appropriate and tailored to each individual consumer.

Requirement 2(3)(b)

* Ensure 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.
* Ensure consumer preferences, current needs and care requirements are documented in their care plans.

Requirement 3(3)(a)

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their individual needs and optimises their health and well-being.
* Ensure staff have a comprehensive understanding of best practice related to pain management, behaviour management, wound management and restrictive practices.

Requirement 3(3)(b)

* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer, specifically related to skin integrity and falls management.

Requirement 7(3)(a)

* Ensure 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.
* Ensure the service has adequate number and mix of staff to ensure consumers are receiving safe and effective care and services.

# 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 |

Findings

Requirement 1(3)(a) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives stated staff treat them with dignity and respect and provided positive feedback regarding staff actions, confirming staff are respectful and supportive of consumers. Staff were knowledgeable about consumer care needs and demonstrated an understanding of consumers’ identities, culture, diversity and preferences. Care planning documentation reflected what is important to consumers to maintain their identity, and organisational documentation confirmed a focus on customer service and the requirement for staff to be kind, caring and respectful when supporting consumers.

Requirement 1(3)(b) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives described how staff provide care and services that recognise and support their unique cultural identity and what is important to them. Staff demonstrated a comprehensive understanding of the individual cultural identities of consumers, and care planning documentation identified each consumer’s cultural identity and documented strategies for supporting this. Organisational documentation confirmed a focus on supporting individual cultural identities and preferences. Observations confirmed examples of cultural awareness and understanding individual needs within service delivery.

Requirement 1(3)(c) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representative stated consumers feel supported to make choices around their care and services and who is involved in their care. Consumers described how they exercise choice and independence around personal care, social activities and food preferences. Care planning documentation reflected information provided by consumers, and included information about intimacy needs.

Documented contact details for preferred or legal decision makers is consistent with information provided by consumers. Registered nurses, care staff and lifestyle staff reported they know where to look for information around consumer choice, intimacy needs and preferred or legal decision makers.

Requirement 1(3)(d) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

Management provided evidence of an overarching risk management framework for the service, including dignity of risk for consumers. Signed dignity of risk forms are in place for identified risks and these were reviewed by The Assessment Team. The service has a risk management framework which includes a comprehensive clinical risk register. The register incorporates monitoring of dignity of risk assessments and provides management with oversight of current risks within the service.

Consumers and/or representatives reported satisfaction with how risks are managed and reported they are enabled to take risks and live the best life they can. Consumers and/or representatives confirmed they are consulted during the risk assessment process, and staff were able to confirm the process for assessing risk.

# 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. | Non-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. | Non-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

The service demonstrated assessment and planning is being conducted routinely. Care plans showed assessments and care plan reviews are completed and updated. However, strategies and interventions were not always appropriate, consistent or tailored to the individual consumer and many interventions noted in consumer’s care plans appear generic and non-specific.

The Approved Provider responded with additional information and documentation, identifying actions they have taken to address the non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(a) is found Non-compliant.

The Assessment Team identified consumer preferences, current needs and care requirements were not always documented in their care plans. The Assessment Team received varied responses from consumers and/or representatives regarding current care needs and advanced care planning.

The Approved Provider responded with additional information and documentation, identifying actions they have taken to address the non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(b) is found Non-compliant.

Requirement 2(3)(c) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

The service demonstrated assessment and planning involves other health providers and organisations, and consumers and/or representatives are involved in assessment, planning and care reviews. The service has ongoing education for staff regarding assessment and planning, and a review process for consumer care and services.

Documentation reviewed confirmed the involvement of several health providers, including medical officers and specialists, nurse consultants, physiotherapists, and occupational therapist.

Requirement 2(3)(d) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives reported they had participated in a care conference or discussion regarding their care and service plan, and confirmed they receive a copy of their care and service plan every three months or after a review.

Requirement 2(3)(e) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

The service demonstrated incidents are followed up, and care and services reviewed regularly and following incidents. Representatives confirmed they are contacted whenever an incident or event occurs, and any required treatment and follow up is discussed with them.

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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)(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

Review of care and service records identified consumers did not consistently receive personalised, safe, and effective care tailored to their unique needs and preferences, nor did it consistently align with best practice. The service did not demonstrate best practice in pain management, wound management, behaviour management, and restrictive practices.

Staff demonstrated a clear awareness of the clinical and personal care provided to consumers. However, they did not identify pain as a potential health risk for consumers diagnosed with chronic health conditions, nor did they outline an effective pain management plan for those consumers experiencing chronic pain resulting in negative outcomes for those consumers.

Review of behaviour management plans and related service documentation for consumers with challenging behaviours, showed the management of challenging behaviours is not executed in an effective manner. While Dementia Support Australia is involved in reviewing consumers, the effectiveness of interventions is not consistently evaluated or reassessed.

The Approved Provider responded with additional information and documentation, identifying actions they have taken to address the non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(a) is found Non-compliant.

The service identified skin integrity and falls as significant high impact and high prevalence risks. However, upon reviewing documentation it became evident these risks were not effectively managed. A review of care and service documentation indicated assessments and care planning for maintaining skin integrity were not carried out accurately. Additionally, wound management directives were not consistently followed as per the prescribed regime, and the wound management plan lacked clear directives in terms of frequency and actions.

The service has policies and procedures in place for guidance on falls management, and they provide access to external organisations and references who offer guidance on best practice. The review of care and service documentation revealed staff were not consistently adhering to these policies.

The Approved Provider responded with additional information and documentation, identifying actions they have taken to address the non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(b) is found Non-compliant.

Requirement 3(3)(d) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

The service effectively identified and addressed deterioration or change in a consumer's condition. Consumers and/or representatives provided positive feedback in relation to the service's responsive actions when changes in health occurs. Staff members were able to describe the escalation protocols, including notifying registered nurses, arranging medical officer reviews, or initiating ambulance services. Care and service documentation confirmed a systematic approach to recognising and addressing changes in consumer condition. Staff were observed promptly attending to consumers who reported changes in their condition.

The Assessment Team reviewed the service's policy and procedure concerning the management of consumers exhibiting signs of deteriorating health. These indications encompassed various aspects such as pain, diminished appetite, alterations in bowel movements, behavioural changes, weight loss, and shifts in mobility. The policy provided a comprehensive guide for staff on how to recognise and promptly address such declines in consumer health, outlining the necessary steps to ensure timely intervention.

Requirement 3(3)(e) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

The service effectively records and shares information regarding consumers' conditions, requirements, and preferences both within the organisation and to relevant external parties involved in their care. Consumers and/or representatives expressed satisfaction with the way their needs are communicated among staff members. The process of sharing information during handover sessions and medical officer rounds was observed to be efficient and comprehensive.

Requirement 3(3)(g) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

The service implements both standard and transmission-based infection control protocols to effectively handle outbreaks and mitigate infection-related risks. It has practices in place to curb the spread of infections and ensure responsible antibiotic prescription and usage. Consumers and/or representatives provided positive feedback concerning the service's infection management and control measures. Documentation reviewed confirmed pathology assessments are conducted before initiating antibiotics, as appropriate. Staff exhibited a strong comprehension of infection prevention methods and the prudent utilisation of antibiotics.

# 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. | Non-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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Consumers and/or representatives stated the service needs more staff to ensure consumers are receiving safe and effective care. Staff reported there is a need for more staff to ensure positive outcomes in care and services for consumers. Consumers and/or representatives reported they are not always satisfied with the care and service they received at the service, and that the service needs more staff as some staff members make consumers feel rushed when providing care and service.

The Approved Provider responded with additional information and documentation, identifying actions they have taken to address the non-compliance.

While the service has taken steps to resolve previous non-compliance, they have not been able to adequately address workforce deployment issues impacting on the care and services for some consumers.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(a) is found Non-compliant.

Requirement 7(3)(b) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representative reported satisfaction with the delivery of care and services by the service. Observations confirmed staff treat consumers with kindness and care when delivering care and services. Review of documentation showed language used to record care and services for consumers is respectful and appropriate.

Requirement 7(3)(d) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives stated staff provide them with care and services that meet their needs, and they are satisfied with their level of skill and knowledge. Service management demonstrated the service is actively identifying deficits in staff skill and knowledge and responding with adequate training to ensure consumers received safe and effective care and services.

The service has engaged an educator to oversee the education and training of staff. Education is driven by deficits identified through audits, feedback and reviews of care and services completed by management. Review of training records confirmed staff are continuously provided with training in areas of identified deficits such as clinical and personal care.

# Standard 8

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| Organisational governance | |  |
| 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

Requirement 8(3)(c) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

The service has information systems available to ensure documentation and guidance is used to provide safe and effective care and service for consumers. Management advised clinical and care staff use various modes to ensure staff document care and service in the electronic care management system and senior staff have oversight for the review of the documentation. Systems such as handover, audits on care panning and assessment, monitoring of care planning information by the clinical team, clinical care meetings, the introduction if a resident of the day program and greater oversight on documentation is in place at the service.

The service has an active plan for continuous improvement which uses information from various sources to gather information to guide improvement. The sources include complaints and feedback, risk register, consumer and staff meetings, audit programs and review and monitoring of care and services.

The service has capital expenditure and budget allocation aligned to the roles of various senior staff members. They work closely with the senior governance level executive to ensure approval for the procurement of resources for consumers is completed in a timely manner.

Senior executive staff stated there are organisation specific roles to ensure any regulatory changes are identified and included in their governance systems and will action any changes across the organisation to ensure compliance. Mandatory education is developed to address any knowledge needed in relation to regulatory changes, and a review of education records confirmed training in regulatory changes has been provided to staff and policies adjusted to maintain compliance.

Requirement 8(3)(d) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

Management demonstrated they are systemically managing risks for consumers specifically in relation to high impact high prevalence risks and responding to incidents. They are actively enabling consumers to engage in activities of choice, and support consumers to make informed decisions related to their care and services to ensure consumers live their best life.

Incidents and accidents are recorded in the risk register, incidents are reviewed to assess the incident and decide if it fits the reportable incident criteria. A report will then be submitted to the relevant authorities depending on the classification. The information in the risk register are reviewed by the quality manager and the information collated and discussed at the clinical risk committee, this information is then analysed and reported to the governance department.

Requirement 8(3)(e) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

The Assessment Team reviewed the organisation’s clinical governance framework and policies for antimicrobial stewardship, restrictive practices, and open disclosure. The organisation demonstrated they maintain oversight of clinical risks and a review of education documentation showed staff have been provided with training on best practice in relation to clinical care and effective documentation.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)