Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Glaica House |
| Commission ID: | 0210 |
| Address: | 22 Flora Parade, TUNCURRY, New South Wales, 2428 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 17 October 2023 to 19 October 2023 |
| Performance report date: | 27 November 2023 |
| Service included in this assessment: | Provider: 1175 Great Lakes Aged & Invalid Care Association Ltd  Service: 226 Glaica House |

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 Glaica House (**the service**) has been prepared by E Woodley, 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 (performance assessment) – 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 20 November 2023.
* the Performance Report dated 16 June 2022 following the Site Audit undertaken from 26 April 2022 to 29 April 2022.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 1(3)(a) – the approved provider must demonstrate all consumers are treated with dignity and respect, and staff practices value consumer’s identity, culture and diversity. Staff practices and workforce planning is effective in ensuring respectful and dignified care and services for consumers.
* Requirement 2(3)(a) – the approved provider must demonstrate assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services. For consumers with behaviours requiring support, individualised assessment and planning occurs to minimise risks and inform safe and effective care. The service’s procedures to inform consumer assessment and planning are effectively implemented.
* Requirement 2(3)(e) – the approved provider must demonstrate care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals, or preferences of the consumer. Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.
* Requirement 3(3)(a) – the approved provider must demonstrate consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being. Restrictive practice processes are best practice, including used as a last resort, and with informed consent from the consumer and/or representative. Consumer pain and skin integrity is appropriately assessed, managed and monitored to optimise their health and well-being.
* Requirement 3(3)(b) – the approved provider must demonstrate the high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. Interventions to minimise high impact and high prevalence risks are reviewed for effectiveness.
* Requirement 3(3)(d) – the approved provider must demonstrate deterioration or change of a consumer’s condition is recognised and responded to in a timely manner by the service.
* Requirement 3(3)(e) – the approved provider must demonstrate information about the consumer’s condition, including any identified changes and incidents, are documented and communicated effectively to staff and others responsible for the consumer’s care.
* Requirement 8(3)(d) – the approved provider must demonstrate risk management systems are consistently effective in identifying and managing high impact and high prevalence risks associated with the care of consumers, and managing and preventing incidents, including the use of an incident management system. Incidents reportable under the serious incident response scheme are identified and responded to appropriately.
* Requirement 8(3)(e) – the approved provider must demonstrate the clinical governance framework implemented at the service is effective in ensuring best practice and minimisation of restrictive practices, and safe and quality clinical care for consumers.
* The approved provider must demonstrate the service has implemented all continuous improvement actions identified in their response to the Assessment Contact report.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the six specific Requirements has been assessed as non-compliant.

The Assessment Team found that not all consumers were being treated with dignity and respect. One consumer interviewed described being incontinent while waiting for staff to attend to them which made them feel disrespected and felt signage in their room was demeaning. One representative felt staff attitude towards their consumer was disrespectful. Some interviews with staff and observations of staff practices by the Assessment Team did not demonstrate respect to all consumers and that consumer’s identify and diversity are valued.

The provider’s response to the Assessment Contact report demonstrates that the identified signage in consumer’s rooms has been removed and clarified some information about staff practices for the consumers identified in the Assessment Contact report. The provider’s response identifies that the service has conducted education and training with staff regarding respectful language and practices to ensure consumers are treated with dignity.

While the service has identified some continuous improvement actions in response to the Assessment Contact report, review has not occurred to confirm that they are effective in ensuring all consumers are treated with dignity and respect. I am not satisfied the service has effective processes to self-identify staff practices that are not respectful of consumers and undertake action in response.

I find Requirement 1(3)(a) is non-compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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. | Not 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. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as two of the five specific Requirements have been assessed as non-compliant.

The service was previously found non-compliant in Requirement 2(3)(a) and Requirement 2(3)(e) following a Site Audit conducted 26 April 2022 to 29 April 2022.

During the Assessment Contact conducted 17 October 2023 to 19 October 2023, while the Assessment Team found the service had implemented some improvements to the assessment and planning process, these were not effective to rectify the non-compliance. The service did not demonstrate assessment and planning identified and considered risks to consumer’s health and well-being, including in relation to behaviours, skin integrity, and nutrition and hydration. Behaviour support plans for several consumers were not individualised or did not consider specific risks and triggers to inform effective behaviour management. Assessments of wounds were not completed in line with the service’s policy and procedure including consideration of factors contributing to the development of the wound, and review by clinical staff. The service was not following their assessment processes when assessing consumers who were at the service for respite care.

The service did not demonstrate care and service are reviewed for effectiveness following an incident or change in circumstances. While some assessments were completed following incidents, these did not demonstrate effective review of the incident to determine the impact on care and services and to identify effective interventions to mitigate risk of reoccurrence. For sampled consumers this included following falls and behavioural incidents.

The provider’s response identifies that the service has reviewed the assessments and care planning for the consumers identified in the Assessment Contact report to ensure they consider specific risks to consumer’s health and well-being including individualised triggers and interventions. The provider’s response identifies continuous improvement implemented in response to the issues identified in the Assessment Contact report. This includes the inclusion of care planning and review as an agenda item at clinical staff meetings, staff education and training, and improved fall review processes.

I am satisfied the service has rectified the gaps in assessment, planning and review for the consumers identified in the Assessment Contact report. However, the service has not demonstrated improvements are effective in identifying deficiencies in consumer assessment and planning across the service for all consumers, and that assessment and planning policies and procedures are consistently followed.

I find the following Requirements are non-compliant:

Requirement 2(3)(a)

Requirement 2(3)(e)

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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. | Not 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. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as four of the seven specific Requirements have been assessed as non-compliant.

The service was previously found non-compliant in Requirement 3(3)(a), Requirement 3(3)(b), Requirement 3(3)(c), Requirement 3(3)(d) and Requirement 3(3)(e) following a Site Audit conducted 26 April 2022 to 29 April 2022.

During the Assessment Contact conducted 17 October 2023 to 19 October 2023, the Assessment Team found personal and clinical care delivery was not consistently best practice, tailored to consumer’s needs, and effectively managing high impact and high prevalence risks. The service did not demonstrate effective assessment, review and consent practices for the use of chemical restrictive practice. The service did not demonstrate that as required chemical restrictive practice is used as a last resort after non-pharmacological interventions have been trialled and evaluated as not effective. Deficiencies in clinical care and oversight were identified for sampled consumers regarding management of pain, wounds, and infections. The Assessment Team found that incidents impacting on consumer’s health and well-being were not consistently reported, investigated and reviewed to identify mitigating strategies to prevent further injury or reoccurrence, and analyse high impact and high prevalence risks across the service. One consumer’s behaviours were not effectively managed to prevent negative impacts to other consumer’s well-being.

The service did not demonstrate consumers who had experienced a deterioration or change in their condition or capacity had their needs recognised and responded to in a timely manner. For consumers sampled, increases in behaviours requiring support and deterioration in their condition were not identified or escalated to ensure appropriate review and management. The Assessment Team found information about the consumer’s condition, including any identified changes, was not comprehensively documented and communicated within the service. The Assessment Team found information regarding consumer’s changed behaviours, recommended interventions to manage behaviours, and incidents were not effectively communicated within the service. Documented information on consumer’s condition, needs and preferences was at times inconsistent or not comprehensive to guide safe and effective consumer care delivery.

The provider’s response identifies continuous improvement action implemented since the Assessment Contact to improve the clinical care delivery at the service. This includes improved restrictive practice processes, staff education and training, revised duty lists for staff, improved clinical oversight, and new initiatives to increase communication about consumer condition between staff.

Considering the evidence from the Assessment Contact report, and that the service was previously found non-compliant in Standard 3, I am not satisfied that consumers are consistently receiving personal and clinical care that is safe and effective. This includes regarding risk management, and communication of consumer’s current condition to ensure appropriate review and management of deterioration.

I find the following Requirements are non-compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(d)

Requirement 3(3)(e)

In relation to end of life care delivery, the Assessment Team found the service has undertaken training and education, implemented new policies and procedures, improved processes for case conferences and referrals, and implemented an audit program to monitor compliance. At the Assessment Contact conducted 17 October 2023 to 19 October 2023, the service demonstrated for consumers who are nearing the end of their lives, their care needs and preferences have been identified by staff and their wishes and directives have been incorporated into care documentation. For consumers sampled who were receiving palliative care or who had recently passed away at the service, the Assessment Team found their end of life needs and preferences had been recognised and were being delivered in accordingly, including to maximise comfort. Feedback from a representative whose consumer was receiving palliative care was positive about the identification of needs, goals and preferences and the care delivery.

I find Requirement 3(3)(c) is compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the three specific Requirements has been assessed and found compliant.

The service was previously found non-compliant in Requirement 5(3)(b) following a Site Audit conducted 26 April 2022 to 29 April 2022.

At the Assessment Contact conducted 17 October 2023 to 19 October 2023, the Assessment Team found the service had reviewed cleaning schedules and identified additional storage areas to improve the cleanliness and function of the service environment. Most doors were unlocked or open to allow consumers free movement indoors and outdoors. However, the Assessment Team found some risks to consumer safety had not been identified by the service. This included some trip hazards and consumer access to cleaning chemicals. The Assessment Team observed some areas of the service environment required painting or repair due to current maintenance work being undertaken, and outdoor areas had limited furniture.

The provider’s response to the Assessment Contact report includes evidence that the trip hazards have been removed, processes are in place to limit consumer access to cleaning chemicals, and outdoor furniture has been moved back to appropriate areas. The Assessment Contact report and the provider’s response includes evidence that prior to the Assessment Contact the service had identified and commenced work on some of the maintenance issues identified. The service has employed a new position to monitor, identify, report on, and action risks to the safety, cleanliness and maintenance of the service environment.

While the Assessment Team identified some risks associated with the safety and maintenance of the service environment, I am satisfied the service has commenced or completed work to rectify these and has implemented processes to ensure ongoing monitoring of the service environment.

I find Requirement 5(3)(b) is compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the four specific Requirements has been assessed and found compliant.

The service was previously found non-compliant in Requirement 6(3)(c) following a Site Audit conducted 26 April 2022 to 29 April 2022.

At the Assessment Contact conducted 17 October 2023 to 19 October 2023, the Assessment Team found the service had improved processes to ensure appropriate action is taken in response to feedback and complaints. Most consumers and representatives interviewed said the service addresses any concerns they have in a timely manner, and indicated an open disclosure process is used when things go wrong. The service has a consumer representative who addresses consumer feedback directly with the department such as catering and laundry. The Assessment Team reviewed the service’s complaints and feedback register which demonstrated feedback and complaints have been managed in accordance with the service’s policy, including the use of open disclosure on most occasions.

I find Requirement 6(3)(c) is compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the five specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 7(3)(a) and Requirement 7(3)(b) following a Site Audit conducted 26 April 2022 to 29 April 2022.

At the Assessment Contact conducted 17 October 2023 to 19 October 2023, the Assessment Team found the workforce deployed was not sufficient to enable the delivery and management of safe and quality care and services. Most consumers interviewed by the Assessment Team indicated there is insufficient staffing. While most consumers and representatives said staff generally meet their needs and did not identify any negative outcomes due to insufficient staffing, one consumer advised they were incontinent due to waiting for staff assistance. The Assessment Team found the workforce planned and deployed was not effective to ensure oversight of clinical care delivery. A review of the service’s roster identified several unfilled shifts for the weeks prior to the Assessment Contact.

The provider’s response includes evidence that consumer call bells are monitored and generally attended to in a timely manner. The provider’s response includes additional information regarding registered nurse rostering to support clinical oversight prior to the Assessment Contact, the engagement of new clinical management staff, and clarifying information regarding unfilled shifts for the period reviewed by the Assessment Team.

While there were deficiencies in clinical care delivery, I am not convinced that this is due to the number and mix of the workforce deployed. The provider’s response satisfies me that there are processes in place to ensure the workforce is planned, and generally deployed, to enable quality care and services.

Feedback from consumers and representatives, and observations by the Assessment Team, demonstrated that workforce interactions with consumers were kind and caring. While some staff were not respectful when speaking with the Assessment Team about consumers or in their practices, I have considered this in my assessment of Requirement 1(3)(a) as consumer feedback indicates that when staff are interacting with consumers, they are generally kind and caring.

I find the following Requirements are compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Not 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. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as two of the five specific Requirements have been assessed as non-compliant.

The service was previously found non-compliant in Requirement 8(3)(d) and Requirement 8(3)(e) following a Site Audit conducted 26 April 2022 to 29 April 2022.

At the Assessment Contact conducted 17 October 2023 to 19 October 2023, the Assessment Team found the organisation’s risk management systems are not being effectively implemented at the service. The service does not have effective systems to report on the high impact and high prevalence risks across the service to the governing body. The organisation’s processes are not ensuring the high impact and high prevalence risks for consumers are being managed effectively. Incidents are not being assessed and reviewed, including to determine whether they are reportable to the serious incident response scheme (SIRS). The organisation’s incident management system is not managing and preventing incidents. However, the service responds to accusations of abuse and neglect and report this to the board.

The Assessment Team found the clinical governance systems implemented at the service were not effective to guide best practice clinical care and ensure appropriate monitoring and oversight. Due to the arrangements of the clinical governance committee, incidents and clinical outcomes for specific consumers are not being considered at this level. The organisation’s policies and procedures regarding restrictive practices are not effectively implemented at the service to ensure best practice and alignment with current legislation.

The provider’s response to the Assessment Contact report outlines action taken to improve the organisational governance systems implemented at the service. This includes staff education and training, improved reporting structures to the governing body, improvements to agendas and minutes, and the engagement of new clinical management staff and members of the governing body.

While the provider has identified improvements to the risk management framework and clinical governance systems, these require time to implement and be evaluated as effective. Considering the evidence from the Assessment Contact report, and that the service was previously found non-compliant in Standard 8, I am not yet satisfied that the organisational governance systems implemented at the service are effective regarding risk management and clinical governance.

I find the following Requirements are non-compliant:

* Requirement 8(3)(d)
* Requirement 8(3)(e)

The Assessment Team found organisation governance systems implemented at the service were not effective regarding information management, continuous improvement, and regulatory compliance. The Assessment Team found the service was not reporting on their continuous improvement to the governing body, and did not demonstrate areas for continuous improvement are identified through review of audits, clinical indicators or incidents. The organisation did not demonstrate effective governance of compliance with SIRS responsibilities. While there were gaps in some documentation and reporting, overall the organisation demonstrated effective governance systems for financials, the workforce, and feedback and complaints.

The provider’s response includes additional information regarding the governance systems at the service, and improved systems implemented since the Assessment Contact to ensure monitoring and reporting of continuous improvement and regulatory compliance. While the organisation did not demonstrate effective oversight of incidents reportable to the SIRS, I have considered this in my assessment of Requirement 8(3)(d). Overall, the Assessment Contact report and the provider’s response demonstrates governance systems are generally effective regarding information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

I find Requirement 8(3)(c) is compliant.

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)