Performance

Report

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| Name of service: | Glenella Care |
| Service address: | 35 Davey Street GLENELLA QLD 4740 |
| Commission ID: | 5349 |
| Approved provider: | Annimaci Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 25 October 2022 |

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 Glenella Care (**the service**) has been prepared by K. Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Approved provider’s response to the assessment team’s report received 21 October 2022
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Non-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

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.

* Consumers who are subject to environmental restrictive practices require authorisation, consent and regular monitoring to ensure safe and effective care delivery.

# 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 treated with dignity and respect and their culture and identity was respected by staff. Care documentation contained information relating to consumers’ backgrounds, history, significant events and other information to assist staff in providing culturally safe care. Consumers were supported to make decisions about their care, including any involvement of their family, friends and others in decision making. Care documentation contained information regarding consumers’ representatives and alternative decision makers. Staff provided care and services in line with consumers’ preferences including pastoral care.

Risk assessments and mitigation strategies were completed and recorded to support consumers undertaking risk-based activities including eating and mobilising. Consumers confirmed they were supported to take risks to enrich their quality of life. Consumers were kept up to date with current information including newsletters, menus and activity schedules. The service’s electronic care management system kept staff informed of the current needs and preferences of consumers. Handover of information pertaining to consumers occurred between shifts.

Consumers’ privacy was respected, and their private information was kept confidential. Staff sought permission before entering consumers’ rooms and were observed to be interacting with consumers in a respectful manner.

This Standard is Compliant as all six Requirements are 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 provided feedback that assessment and planning processes were effective in the delivery of safe and effective care services. Documentation supported the consideration of risk to consumers’ health and well-being was considered during assessment and planning. Registered staff shared an understanding of assessment and care plan review processes and how to manage risks to consumers.

Care planning documentation demonstrated consumers’ current needs, goals and preferences, including advanced care planning were identified on entry to the service and on an ongoing nature. Consumers described what was important to them in relation to how their care was delivered. End of life wishes were documented and accessible to staff.

Consumers confirmed their involvement in the assessment, planning and review of their care and services. The registered nurses partnered with consumers and representatives to assess, plan and review care and services, including case conferences with the clinical team, Medical officers and allied health professionals. Consumer files demonstrated input from other health care professionals and services.

Staff had access to care plans for consumers they were providing care for through the electronic care system and handover records. Consumers confirmed staff had discussed their care needs and the information contained in care plans. Care planning documentation was observed to be readily available to staff delivering care.

The service had an effective care plan review process which occurred every three months or when incidents occurred, or circumstances changed. Staff were aware of incident reporting processes and how incidents may trigger a reassessment or review. The service monitored clinical incidents, including pressure injuries, medication incidents, unplanned weight loss, infections, changing behaviours and falls.

This Standard is Compliant as all five Requirements are 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. | Non-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

Environmental restrictive practices, including the inability for consumers to leave the service independently without the use of a swipe card or key code, was not identified by the service as a form of restrictive practice. Therefore, 52 consumers were unable to exit the service independently and did not have authorisations, consents or behaviour support plans to support the use of environmental restrictive practices. Following feedback, management committed to an improvement action and a review of all consumers to gauge their ability to safely enter and exit the service independently.

The Approved provider in its written response to the site audit report has provided information to support 88.5% of staff have successfully completed restrictive practice training, evaluation of the training provided will be completed in mid-November 2022. A review of all consumers’ cognitive capacity has been undertaken, resulting in 44 consumers considered to have environmental restrictive practices in place. Support plans have been developed for the 44 consumers, including medical officer authorisation, decision maker consent and qualified staff completing the restrictive practice documentation. As of 20 October 2022, 68.18% of the required documentation had been completed. The policies and procedures relating to restrictive practice are currently under review by the company who provided the service with legislative change advice.

While I am convinced the Approved provider is committed to addressing the issues relating to restrictive practice, it is my decision this Requirement is Non-compliant, as the issue was not identified by the service and the evaluation of training and documentation relating to restrictive practice is yet to be completed.

Other aspects of this Requirement including chemical restrictive practices were managed effectively. Authorisations and consent were sought for consumers requiring psychotropic medication. There were timely identification, effective management and evaluation of consumers’ skin integrity and pain needs. Consumers and representatives provided positive feedback in relation to the delivery of care and services.

Behaviour support plans were in place for consumers identified as having changed behaviours. Wound care charting supported appropriate wound care provision and pressure area care was delivered as prescribed. Verbal and non-verbal pain assessment were used to identify the site, severity and type of pain experienced by consumers. Alternative therapies to medication were also included in care planning, to guide staff practice in relation to pain management.

Incidents relating to falls, weight loss, behaviours, infections, medication and pressure injuries were collated monthly and provided to staff and the Board, with improvement actions implemented.

Care planning documentation for consumers with high impact or high prevalence risks identified these risks were managed effectively. Consumers at risk of falls had manual handling instructions, falls prevention strategies, physiotherapy support and assistive and monitoring devices. Behaviour support plans were individualised, referrals were made to specialist services and staff implemented non-pharmacological interventions prior to the administration of medication. Consumers at risk of weight loss were assisted with their meals, provided with nutritionally dense fluids and referred to dietetic or speech pathology services. Skin integrity plans guided staff practice for consumers with impaired skin integrity including the provision of emollients creams and pressure area care. Consumers were assessed and screened for respiratory illness, their temperatures were monitored, additional fluids provided and pathology testing if required.

End of life care planning reflected the wishes of individual consumers. Advanced care planning is discussed when consumers entered the service and during care plan reviews. Positive feedback was provided in relation to the provision of palliative care at the service. The service had clinical procedures to guide staff when consumers’ health status changed.

The workforce described the ways they recognised and responded to deterioration or change in consumers’ condition, this was reflected in clinical care documentation. Consumers who have deteriorated were referred to their medical officer or sent to hospital in line with their preferences. Registered staff were available at the service, seven days per week, 24 hours per day.

Consumers were satisfied their care needs and preferences were documented and effectively communicated between staff and with other who partner in providing care. Changes in consumer care were documented in progress notes and discussed at handover for each shift. Care plans and other consumer information were available on the electronic care system, including messages and alerts for staff in relation to changes in consumers’ care and services.

Care planning documentation evidenced the timely and appropriate referral of consumers to other health providers. Referral included speech pathology, physiotherapy, gerontologist and dementia support services.

Staff were aware of practices to prevent and control infections including hand hygiene, encouraging fluids and the use of personal protective equipment. Antibiotic usage was controlled by ensuring pathology results were obtained prior to the administration of antibiotics. The service had an influenza and COVID19 vaccination plan for staff and consumers, and an appointed Infection Prevention and Control Lead. Screening processes were in place for all visitors, contractors and staff entering the service. The service successfully managed a COVID 19 outbreak in September 2022.

This Standard is Non-compliant as one of the seven Requirements are Non-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 were supported and encouraged with their independence and to participate in activities reflective of their interests and needs. Care documentation identified the needs and interests of consumers and provided information to support individual consumers’ choice, daily living, wellbeing, and service delivery. Consumers were observed to be participating in several group and individual activities.

The service catered to the spiritual needs of consumers by providing Catholic, Anglican and Uniting Church services, with further support available if consumers required access to individual counsellors or pastoral support. Consumers described the services and activities to support their emotional, spiritual and psychological wellbeing.

Consumers described the support they received to maintain contact and relationships with people who were close to them, engage in activities, social and friendly relationships. Lifestyle staff co-ordinate bus trips into the community on a regular basis. Daily activity planners and calendars evidenced the variety of activities on offer at the service.

Consumers and representatives were confident consumer information was provided to external agencies when care and responsibility for the consumer was shared. Consumer information was updated regularly using the electronic care system and discussed during handover between shifts. Lifestyle documentation was individualised and contained pertinent information to guide staff when delivering services and supports for daily living. Timely and appropriate referrals occurred to individuals, other organisations and providers, referrals resulted in collaboration when meeting the diverse needs of consumers.

Consumers provided positive feedback in relation to meal service. Meals provided aligned with the consumers’ preferences, dietary requirements and were varied and of suitable quantity and quality. Meals were selected by consumers a week in advance and alternatives were offered if consumers changed their minds at meal service. Consumers were provided with a choice of menu items reflecting choices in protein, hot or cold meals and sandwich and salad options. Consumers were observed to be enjoying their meals, finishing their meals and leaving little waste.

Equipment used by consumers in common, areas, dining rooms, lifestyle areas and in consumer rooms was observed to be clean, comfortable, and well maintained. Staff outlined the processes of identifying and reporting equipment decline, failure, periodic servicing, and process of ongoing maintenance. Maintenance staff service consumer equipment for minor repairs, with some servicing being primarily facilitated by a third-party provider.

This Standard is Compliant as all seven Requirements are 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

The service was observed to be welcoming, had wide corridors, a hairdresser, a sensory room displaying consumer craft work and spaces where consumers could meet with friends and family. There were several outdoor garden areas with an undercover area for use by consumers. Consumers personalised their room with furnishings and personal items reflective of their personal taste and style.

The site audit report identified consumers were required to enter a key code or use a swipe card to exit the service through the front entrance main door. I have considered this information and have also considered the lack of consumer feedback relating to not being assisted to exit the service, and it is my decision this information relates to a lack of knowledge relating to environmental restraint rather than restricting consumers free movement. I have placed the weight of this information in Requirement 3 (3) (a).

Outside garden areas were well maintained including common areas. Automatic doors supported the movement of consumers within the internal living environment.

Consumers were satisfied with cleaning processes at the service. Cleaning staff were observed completing several different cleaning tasks. Maintenance staff were alerted when maintenance issues were identified and ensured equipment used by consumers was safe, clean and well maintained. The service was observed to be clean, safe and well maintained.

This Standard is Compliant as all three Requirements are 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 were encouraged and supported to provide feedback and make complaints and felt safe to do so. Consumers described the various methods available to raise concerns or provide feedback. Suggestion boxes and feedback forms were located throughout the service. The service’s complaints and feedback policies and procedures, consumer handbook and consumer meeting minutes, demonstrated the service supported and encouraged consumers and representatives to provide feedback and make complaints.

Staff had a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services for consumers. Staff described how they would assist consumers who had a cognitive impairment or communication difficulties, including providing assistance and escalating the concerns to registered staff. Consumers and representatives were aware of processes to make complaints through external services including the Aged Care Quality and Safety Commission and the Older Persons Advocacy Network.

Consumers provided positive feedback in relation to management at the service addressing and resolving their concerns and complaints. Staff demonstrated an understanding of open disclosure which included providing an apology when things go wrong. Staff described their understanding of empathy, confidentiality and privacy when managing consumer complaints.

Trends in complaints, feedback and concerns were monitored to inform continuous improvement activities across the service. Consumers were confident the service used feedback and complaints to improve the quality of care and services and confirmed consumers were involvement in improvements. The service had policies and procedures in relation to the management of complaints and feedback, open disclosure, incident management and a current plan for continuous improvement.

This Standard is Compliant as all four Requirements are 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 provided feedback staff were available and attended to their needs in a timely manner. The service employed a mix of registered and care staff, and management staff to provide oversight of clinical services. Staff agreed there were sufficient staff to provide care and services in accordance with consumers’ needs and preferences and they generally had time to undertake their allocated tasks and responsibilities. Call bell response times were monitored, and lengthy call bell response times were investigated. The service had a casual pool of staff and strategies to replace staff on planned and unplanned leave, including extending and offering additional shifts, and accessing agency staff.

Consumers and representatives provided positive feedback in relation to workforce interactions and confirmed staff were kind, caring and treated consumers well. Consumer and representative feedback through complaints and surveys were used to monitor staff behaviour to ensure interactions between staff and consumers met the organisation’s expectations. The service had policies and procedures to guide staff in relation to consumer dignity and respect. Staff were observed interacting with consumers respectfully in a kind and caring manner.

Staff competency was determined through skills assessments and competency was monitored through performance assessments, consumer and representative feedback, audits, surveys and reviews of clinical records and care delivery. Consumers were satisfied staff had sufficient qualifications to provide safe and quality care and services. The service had processes for monitoring criminal record checks and health practitioner qualifications.

Staff were provided with training, support, professional development and supervision during orientation and on an ongoing basis. New staff complete an orientation program and completed mandatory training within the first six weeks of employment. All staff complete mandatory training and provided examples of training relevant to their work and skills. Clinical governance reports were used to track the completion of mandatory training.

Performance appraisals were completed for staff on a regular basis, including feedback from supervisors on staff performance. Opportunities for further training were identified through the performance appraisal process. Staff performance was also monitored through observations, analysis of clinical data and feedback from consumers and representatives. The performance appraisal register evidenced staff performance appraisals occurred regularly.

This Standard is Compliant as all five Requirements are 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 were supported to be engaged in the development, delivery and evaluation of care and services. Consumers provided feedback and improvement actions through consumer meetings, feedback and complaints documentation and regular surveys. Consumers provided feedback they considered the service was well run.

The service’s Board consists of five directors, members of the Board visit the service periodically and interact with consumers. The Board met monthly and reviewed clinical and incident data, operational and financial information, risk reporting and feedback and complaints trends. This information was used to enhance the service’s performance and mitigate risk to take accountability for care and service delivery.

The organisation had effective governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints. Staff and consumers were provided with current, accurate and relevant information. The service’s plan for continuous improvement identified planned and completed improvement actions in relation to various areas of care and service delivery. The annual budget and forecasting were approved by the Board and included workforce review and consideration of capital planning and purchase as well as capability development and quality improvement investments. The service demonstrated a workforce which was skilled, sufficient and able to provide care and services in line with consumer preference. The organisation utilised an external provider that updated policies and procedures based on changes to legislation. The Approved provider in its written response to the Site audit report stated the company used by the service to inform them of legislative changes did not provide accurate information relating to environmental restrictive practices, and active liaison has been held to address the erroneous information provided. As this information reflects only a part of regulatory compliance, it has not influenced my decision regarding this Requirement. Information in relation to regulatory changes were circulated to staff via electronic mail messages, meetings and dissemination of policies and training. Feedback and complaints information was sought to gain information to drive improvements, and complaints were addressed and actioned in a timely manner.

The site audit report contained information relating to consumers who were unable to exit the service by using the key code or swipe card were not identified as being subjected to environmental restrictive practice, and therefore did not have consent or authorisation documentation completed or behaviour support plans in place. This information was considered in the Site audit report as evidence the organisation was not minimising the use of restraint. I have considered this information and it is my decision this information is more relevant to Requirement 3 (3) (a) as the service were minimising restraint, as there were no consumers chemically or physically restrained.

The service had a clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices and open disclosure. Staff were aware of these policies and provided examples of relevance to their work.

This Standard is Compliant as all five Requirements are 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-2)