Performance

Report

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| Name of service: | Performance report date: |
| Gymea Bay Aged Care | 21 October 2022 |
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| Approved provider: | Activity date: |
| K.N.D. & Associates Pty Ltd | 31 August 2022 – 1 September 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 Gymea Bay Aged Care (**the service**) has been considered by Melissa Buhagiar, 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 Assessment Contact, the Assessment Team’s Report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The current approved provider became the approved provider of the service on 13 June 2022. Some information about the service prior to 13 June 2022 was provided to the Assessment Team. In making this decision the service’s performance against the Quality Standards since 13 June 2022 has been considered.

# Assessment summary

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| 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 | **Non-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 2(3)(a) The approved provider must demonstrate that care planning documentation including a comprehensive clinical assessment is conducted for all consumers including consideration of risks to the consumer’s health and well-being.

Requirement 3(3)(b) The approved provider must demonstrate that high impact and high prevalence risks are identified for consumers and strategies are implemented, reviewed and evaluated to reduce the risk of harm to the consumer.

Requirement 7(3)(a) The approved provider must demonstrate that staff are competent and trained in the use of the provider’s systems and have knowledge of the consumers’ needs in order to deliver safe and quality care and services.

Requirement 8(3)(d) The approved provider must demonstrate that care planning is undertaken and there is effective risk management system and practices, to identify, critically analyse, review and mitigate risks to consumers and that all staff are trained in the subsets of this requirement to prevent risks occurring for consumers.

# 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 |

## Findings

The Assessment Team found that the service was unable to demonstrate an effective assessment and care planning system is in place for the sampled consumers. The consideration of risk has not been identified and documented to ensure the sampled consumers’ health and well-being is managed effectively and informs the delivery of safe and effective care and services.

The Assessment Team reviewed care planning documentation and progress notes and found for some consumers, that a comprehensive clinical assessment had not been completed to identify risks to consumers health. Further review noted that there were deficits in relation to observations post fall with no information why observations and monitoring were not in place and deficits in relation to pain monitoring and assessments. The Assessment Team noted incident reports and investigation have not always been completed to determine the risk or cause of the incident or minimise a reoccurrence.

The Assessment Team identified that assessment and planning for wound care was not best practice for sampled consumers with pressure injuries either having incomplete wound assessments or not having a skin assessment or pain chart commenced for comfort. A lack of evidence was identified for one consumer to demonstrate their nutrition or hydration needs were consistently met as the information was not recorded in their care plan.

The Assessment Team found that many consumers did not have a care plan due to the recent implementation of a new electronic care planning system which commenced on 4 August 2022. Review of the assessments and care plan for each consumer has commenced including by engaging with consumers (and their representatives) and with external allied/health service providers as partners in care. However, current assessments and care plans for the sampled consumers do not reflect all risks to their health and well-being and are not informing safe and quality care and services.

The facility manager said they were aware of the assessments and care plans not in place and were working to complete them as quickly as possible.

The approved provider did not respond to the Assessment Team’s report. I have considered the evidence that has been provided by the Assessment Team’s and acknowledge that the approved provider has agreed that assessment and planning is not complete for consumers and the provider is working towards getting this completed as quickly as possible. However, without evidence from the provider in relation to the progression of the assessment plans reviews to support their compliance with this requirement, I find that the provider has not demonstrated that 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.

I find that the approved provider is not compliant with this requirement.

# Standard 3

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

## Findings

The Assessment Team interviewed consumer representatives who overall provided positive feedback about their consumer’s care. Representatives advised that they are usually informed in relation to care needs and provided with updates. The Assessment Team interviewed one consumer representative who had been advised about the benefits for the consumer in relation to anti-psychotic medication, however not the side effects associated with this.

The Assessment Team found that clinical staff were unable to demonstrate effective management for the sampled consumers with high-impact or high-prevalent risks. This includes the areas of wounds, diabetes, falls, pain, nutrition, hydration, and anticoagulant therapy. Additionally, for a consumer prescribed a medication as chemical restraint, their Behaviour Support Plan does not provide adequate guidance about behaviour support and a care staff member was not aware of behaviour support strategies.

The Assessment Team identified for consumers that high prevalence and high impact risks are not managed. Staff did not determine the cause for elevated blood glucose levels or undertake food and fluid monitoring, despite recommendations from dietician. For sampled consumers who had experienced falls, there were a lack of observations, monitoring and pain assessments completed. The Assessment Team identified that staff do not have an understanding of how to assess pressure injuries or wounds or to record their findings to assist with monitoring progress towards healing. It was also identified for consumers experiencing behaviours, that behaviour monitoring is not effective and that the Behaviour Support Plan does not include most information required by legislation or consistent with best practice to assist with managing risks associated with changed behaviours.

The Assessment Team noted that incident reports were not completed and therefore investigations had not been completed to identify the cause of incidents and the implementation of strategies to reduce the risk of reoccurrence.

The approved provider did not respond to the Assessment Team’s report. I have considered the evidence that has been provided by the Assessment Team’s and acknowledge that the provider is working toward compliance with this requirement, however without documentation from the provider supporting their compliance with this requirement, I find that the provider has not demonstrated that there is effective management of high impact or high prevalence risks associated with the care of each consumer.

I find that the approved provider is not compliant with this requirement.

**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 |

## Findings

The Assessment Team interviewed consumers and representatives who provided positive feedback about the number and mix of members of the workforce, including that there is enough staff who know the consumers to deliver the care and services they need and want. However, one representative did not think that there were enough staff on weekends. The Assessment Team received feedback about a staff member in the lounge area, not observing or interacting with consumers or watching consumers who may have required assistance from the staff member.

The Assessment Team interviewed staff who thought they have enough time to complete their allocated duties within the shift, and care staff said they can answer consumer calls for assistance in a timely manner. Some clinical and care staff said sometimes they are unable to complete their allocated duties within the shift, so the work gets handed over to the next shift and that seems to work well.

However, one staff member said in relation to afternoon shifts there often is not enough staff and this occurred as recently as in the last month. When asked about the impact of this, the care staff member said consumers receive pressure area care and are showered but there is not enough time to spend giving them drinks or to take the time needed to help them eat. The Assessment Team noted they had earlier that day observed a consumer had a full jug of water on the bedside table at around 12pm and a morning shift care staff member did not know whether the consumer had received any fluids to drink other than hot drinks such as coffee. Review of the consumer’s records do not show assistance to remain hydrated.

The Assessment Team identified that some staff were not familiar with consumer’s dietary needs or behavioural support strategies alternative to chemical restraint; or that the consumer had skin integrity issues.

The Assessment Team identified that some staff were not knowledgeable about general training topics and orientation had not always been completed for agency staff. The management team explained that they have recently developed and implemented an orientation program and new and agency staff are buddied to work with experienced staff.

There has been quite extensive staff turnover and recruitment since the current provider commenced, this has resulted in a reduction of unfilled shifts per fortnight. The completed roster for 8-21 August 2022 shows all the rostered shifts were filled, including with use of nursing agency staff and the management team filling RN shifts where needed.

There has been extensive workforce planning, with most feedback from consumers and representatives positive in relation to the workforce. However, there was some feedback from representatives and a staff member about a lack of personnel or a lack of experienced personnel, with mixed information about whether this has had impact on consumers. It was found through interviews with a range of personnel and review of related documentation that many personnel who are new or temporary are not familiar with the condition and care needs of consumers and/or with the service’s systems and processes. Other information gathered by the Assessment Team shows there has been some impact of this on consumers’ care delivery. While the management team explained the workforce is planned to ensure there is an experienced staff member on each shift in each area, as deployed the mix of members of the workforce is not ensuring safe and quality care and services to consumers.

The approved provider did not respond to the Assessment Team’s report. I have considered the evidence that has been provided by the Assessment Team and acknowledge that the provider has implemented some actions to reduce the number of unfilled shifts, however without further evidence from the provider supporting their compliance with this requirement, I am unable to identify if there is still impact on consumers due to the lack of experienced personnel and if the provider can demonstrate that 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 to consumers.

I find that the approved provider is not compliant with this requirement.

**Standard 8**

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| Organisational governance | |  |
| 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. | Non-compliant |

## Findings

The Assessment Team identified through their assessment that the approved provider does not demonstrate that there is an effective risk management system and practices to manage high impact and high prevalence risks including managing and preventing incidents, and the use of an incident management system. The Assessment Team acknowledge that the provider is working toward this and reviewed a draft governance and risk management framework policy document with a planned date of effect of 1 October 2022. The Assessment Team also reviewed a table of key governance risks which have been identified and a strategic risk register. The CEO explained, there is a full day strategy session with the governing body scheduled in early September 2022. The CEO also explained that the key governing documents are to be tabled at the September 2022 board meeting for approval or further development.

The CEO explained to the Assessment Team in relation to effective risk management systems and practices for managing consumers’ high-impact and high-prevalence risks, that baseline information about the risks was not available, as consumer assessments were not current and there were no care plans. They had to build this information about consumers. For example, to understand the condition of consumers’ skin and any injuries they undertook a full head to toe assessment of each consumer.

The Assessment Team’s findings are that some high-impact and high-prevalence risks associated with the care of consumers are not being managed effectively. This includes the areas of wounds, diabetes, falls, pain, nutrition, hydration, anticoagulant therapy, and behaviour support. The systems and processes to support outcomes and effective management of clinical risks for consumers in those areas are not well established.

The Assessment Team identified that the provider has implemented many strategies since they have commenced including staff education and information resources and spoke about work to create a culture among staff of speaking up if abuse or neglect are identified. The Assessment Team acknowledges that education is being provided, however as reported under Standard 7, Requirement (3)(a) there are some gaps in orientation and knowledge by some members of the workforce.

The Assessment Team identified some incident reports not being completed and related incident prevention not being evident. The CEO acknowledged this and explained that with more time, education of staff and a greater knowledge of consumers through the assessment and planning process, incident management reporting data will be available for monitoring and review.

The approved provider did not respond to the Assessment Team’s report. I acknowledge that the provider has implemented plans and preparatory work has been undertaken to establish organisational risk management systems and practices. However, at present key governing documents such as the risk management framework and organisational risk register have not been finalised and implemented. There is a structure for reporting to the governing body, which is new and evolving, including to provide information about risks and outcomes for consumers and service performance against the Quality Standards. While some improvements have been made and more improvements are underway, at this time there are gaps in service performance in the areas of: high-impact, high-prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and incident management and prevention.

I find that the approved provider is not compliant with this requirement.

1. The preparation of the performance report is in accordance with section 68A – assessment contact, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)