Performance

Report

**1800 951 822**

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| Name of service: | Gymea Bay Aged Care |
| Service address: | 128 Coonong Road GYMEA BAY NSW 2227 |
| Commission ID: | 2249 |
| Approved provider: | K.N.D. & Associates Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 February 2023 to 8 February 2023 |
| Performance report date: | 9 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Gymea Bay Aged Care (**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 – Site conducted 6 February 2023 to 8 February 2023; 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 27 February 2023.
* advice from the Commission’s Clinical Unit received 3 March 2023.
* the assessment team’s report for the Monitoring Assessment Contact conducted 8 March 2023.
* the Performance Report dated 21 October 2022 following the Assessment Contact undertaken from 31 August 2022 – 1 September 2022.

# 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 assessment and planning is effectively undertaken for consumers to inform safe and effective care delivery, and includes the consideration of risks to the consumer’s health and well-being. Communication and documentation regarding care and service assessment and planning is consistent and provides guidance to staff on care and service delivery and risk management.
* Requirement 3(3)(b) – The approved provider must demonstrate the high impact and high prevalence risks associated with the care of consumers are effectively managed. This includes in relation to the assessment, management and monitoring of consumer pain, nutrition and hydration, and falls. Interventions to minimise risks associated with consumer care are reviewed for effectiveness, and records to inform consumer care delivery are effectively maintained and communicated to mitigate risk.
* Requirement 7(3)(a) – The approved provider must demonstrate sustainable plans in place to ensure the workforce deployed enables the delivery and management of safe and quality care and services. This includes effective plans and strategies to staff unfilled shifts on an ongoing basis.
* Requirement 8(3)(d) – The approved provider must demonstrate risk management systems and practices implemented at the service are effective in addressing identified gaps in the management of high impact and high prevalence risks for consumers, and ensuring financial risk is effectively managed to ensure continuity of effective service operations. The approved provider’s systems for assessing incidents are effective, including to ensure compliance with the serious incident response scheme.

# 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 Quality Standard is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-compliant.

The service was previously found Non-compliant in Requirement 2(3)(a) following an Assessment Contact conducted 31 August 2022 to 1 September 2022.

The Assessment Team found for some consumers, assessments and plans did reflect risks associated with their care and consumer consultation. For example, dignity of risk and assessment for one consumer to eat a diet of their choice. However, assessments and management plans had not been completed for some consumers at all and those that were completed did not consistently include clear or comprehensive information to inform safe and effective care.

The Assessment Team identified for three consumers, conflicting information regarding nutrition and hydration was reflected in assessments, care plans or other documentation which presented a risk to safe and effective care delivery. This affected the nutrition and hydration given to one consumer where there was conflicting information and staff knowledge. The Assessment Team identified this consumer had experienced unplanned weight loss. While the consumer had been reviewed by a medical officer with the view to involve a dietician if weight loss continued, assessment and planning did not identify this weight loss or inform weight management to prevent further unplanned weight loss. Some observations by the Assessment Team of this consumer during meals identified a potential risk which had not been considered in the consumer’s assessment and planning, including in the consideration of the unplanned weight loss.

The approved provider’s response to the Assessment Contact report includes additional information that may have impacted on the Assessment Team’s observations, identifies the correct diet for this consumer, and states that dietary lists contained this. The approved provider’s response identifies that a speech pathology review had occurred prior to the Assessment Contact, but that associated documents are not available. Since the Assessment Contact, the consumer has been reviewed by a speech pathologist. The approved provider states there is a weight management plan in place for this consumer, but does not identify what this includes other than medical officer review.

For another consumer, assessment and planning did not identify some behaviours requiring support displayed by the consumer, or interventions to manage these behaviours. The approved provider’s response states this is an infrequent behaviour and is not mentioned in the behaviour support plan. The Assessment Team identified gaps in the assessment and planning of one consumer’s pressure injury. However, the approved provider’s response demonstrated that assessment had occurred, and the outcomes were included in the consumer’s summary care plan.

For two consumers who had recently moved into the service, assessment and planning had not been completed in a range of personal and clinical aspects to inform care delivery. The Assessment Team found these consumers both had identified risk of falls, and comprehensive assessment including risk mitigation interventions had not been completed. However, some falls prevention interventions were observed by the Assessment Team and identified by the physiotherapist. Both consumers had recent falls. For one of these consumers, following their fall, assessments related to the identified contributing factors have not occurred.

The approved provider’s response includes additional and clarifying information about the consumers incidents, including that one consumer may not have fallen. The approved provider’s response includes evidence for one consumer that some falls prevention interventions were included in the summary care plan.

I am not satisfied that assessment and planning is consistently and effectively undertaken for consumers to inform safe and effective care delivery. The service did not demonstrate that assessment and planning consistently includes consideration of risks to the consumer’s health and well-being.

I find Requirement 2(3)(a) is Non-compliant.

# 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 Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

The service was previously found Non-compliant in Requirement 3(3)(b) following an Assessment Contact conducted 31 August 2022 to 1 September 2022.

Most consumers and representatives interviewed by the Assessment Team provided positive feedback about the clinical and personal care provided to consumers. The Assessment Team found, overall, the service demonstrated the effective management of restrictive practices and some high risk medications. However, two care staff interviewed by the Assessment Team identified medication incidents that were reported to the registered nurse, but no incident reports or investigation had occurred. The approved provider’s response denies this occurred.

For two consumers, the Assessment Team found limited evidence of systematic pain monitoring and management. This includes for one consumer who had pain identified in progress notes. While the approved provider’s response identifies that this consumer is an unreliable reporter of pain, it was not demonstrated that the consistent use of validated non-verbal pain assessment tools were utilised to quantify and manage their pain. The approved provider’s response included some additional information about this consumer which identified gaps in the management of their wounds, including timely escalation and management of clinical deterioration, including related pain. For the other consumer, they are recorded as having a history of pain and a recent pain assessment identified some level of pain. However, the Assessment Team found this has not informed systematic pain monitoring or consideration regarding behaviours of calling out. The approved provider’s response includes additional information regarding the pain and behaviour management for this consumer, and states that a geriatrician review occurred prior to the Assessment Contact which did not identify pain as a trigger for behaviours.

For three consumers, the Assessment Team identified that potential risks associated nutrition and hydration were not being effectively managed by the service. For one consumer who requires artificial feeding, the service and the approved provider’s response did not demonstrate effective systems in place to ensure all staff are aware of what records they should reference to ensure care based on assessed need and minimisation of associated risks. The service did not demonstrate that systems were effective to monitor for the risks associated with the artificial feeding.

Risk of falls was not effectively managed for two consumers as there was some conflicting information regarding interventions to prevent falls and mobility and transfer requirements. The approved provider’s response includes additional information regarding risk management strategies in place for these consumers.

The Assessment Team identified gaps in the management of high impact or high prevalence risks including falls, nutrition and hydration and pain monitoring for some consumers. Additionally, I have considered that the various records to inform ongoing care about the same clinical task presents a risk if they are not effectively maintained and communicated.

I find Requirement 3(3)(b) is Non-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. | Non-compliant |

Findings

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-compliant.

The service was previously found Non-compliant in Requirement 7(3)(a) following an Assessment Contact conducted 31 August 2022 to 1 September 2022.

Overall, consumers and representatives interviewed by the Assessment Team during the Assessment Contacts conducted 6 to 8 February and 8 March 2023 indicated the staffing levels and mix enables consumer’s needs and preferences to be met. Most did not identify any negative impacts to their consumers due to lack of staff. However, one representative thought that at times there are not enough staff to give their consumer sufficient hydration.

At the Assessment Contact conducted 6 to 8 February 2023, the Assessment Team found the service is undertaking workforce planning and over recent months, the service has reduced the reliance on agency staff. However, during the Assessment Contact some leave was not replaced including for an activity officer and in the kitchen leading to reduced activities and engagement for consumers and issues with the meals served. Management who undertakes consumer assessments and plans has been working nursing shifts on the roster, which has impacted their capacity to complete the assessments and planning.

At the Assessment Contact conducted 8 March 2023, the Assessment Team identified that staff resignations and financial matters were impacting on the workforce planned and deployed to ensure continuity of safe and quality care and services for consumers on an ongoing basis. The Assessment Team found the service did not provide a sufficient plan in place to ensure all upcoming shifts are able to be filled in an ongoing and sustainable way.

The approved provider’s response includes additional and clarifying information about management working nursing shifts, the responsibility for care assessment and planning, and the menu during the Assessment Contact.

Overall, I find the service did not provide sufficient evidence of sustainable plans in place to ensure the workforce deployed enables the delivery and management of safe and quality care and services.

I find Requirement 7(3)(a) is Non-compliant.

# 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 Quality Standard is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-compliant.

The service was previously found Non-compliant in Requirement 8(3)(d) following an Assessment Contact conducted 31 August 2022 to 1 September 2022.

The Assessment Team found risk management structures in place include monthly reports from management to the director and a meeting held between the director and management each month. These include information relevant to service performance against the Quality Standards and outcomes for consumers including complaints, management of high impact and high prevalence risks, serious incident response scheme (SIRS) incidents, use of restrictive practices and staffing. The Assessment Team found there is oversight of the service’s performance in some areas of incident management, and consumers being supported to live their best life.

However, the Assessment Team found formal structures for risk management such as a documented risk management framework or risk register were not in place. The Assessment Team identified deficits in the service’s infection prevention and control systems and practices including personal protective equipment (PPE) use, and entry screening processes. The service did not demonstrate that financial risk has been or is being effectively managed at the organisational level to ensure that service operations can continue to be supported financially. Action taken to address some risks identified by the service, for example regarding consumer dietary information being inconsistent, were not effective in addressing this risk. For one consumer, while allegations of abuse were assessed by the service as false, these were not reported via the SIRS.

The approved provider’s response includes evidence of monitoring of clinical indicators at the service level and additional information about the PPE expectations and practices during the Assessment Contact. The approved provider’s response includes some additional information about the financial management prior to and during the Assessment Contact.

Overall, I am not satisfied the risk management systems and practices at the service are effective in addressing identified gaps in the management of high impact and high prevalence risks for consumers, or ensuring that financial risk is being effectively managed. The service’s systems for responding to the abuse of consumers are not effective to ensure compliance with the SIRS as incidents are required to be reported that are alleged to have occurred, and includes incidents involving a consumer with cognitive or mental impairment.

I find Requirement 8(3)(d) is Non-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)