Performance

Report

**1800 951 822**

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| Name of service: | Jeta Gardens Aged Care Facility |
| Service address: | 27 Clarendon Avenue BETHANIA QLD 4205 |
| Commission ID: | 5554 |
| Approved provider: | Jeta Gardens Aged Care (Qld) Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 7 June 2023 |
| Performance report date: | 7 July 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 Jeta Gardens Aged Care Facility (**the service**) has been prepared by B Bassett, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 applicable as not all requirements have been assessed** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| 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

Consumers and representatives were satisfied with the service’s responses to outbreak management and infection control. The service has a current outbreak management plan, policies and procedures to guide staff in the prevention and control of infection. During the site audit, staff were able to demonstrate appropriate measures were in place to control infection outbreaks.

Effective processes for prevention and control of infection including management of an infectious outbreak were evident at the time of the site audit, including testing of visitors, staff and contractors onsite prior to entering the service, screening questions and electronic sign in/sign out procedures.

The service’s outbreak management plan included a range of activities and measures to be implemented in the event of an infectious disease outbreak. These included, among other measures, clear identification of immediate actions to be undertaken, the roles and responsibilities of the outbreak management team, and processes to ensure appropriate care and services continued to be provided to consumers throughout an outbreak.

Staff confirmed they had received training in the management of infection minimisation strategies, including hand hygiene, the use of appropriate PPE, and cleaning processes, and were able to provide examples of how they apply this training in practice, such as ensuring PPE is disposed of properly and ensuring they do not attend the service if unwell.

Management undertook appropriate monitoring of PPE supplies, staff vaccination status, anti-viral supply, workforce capacity and provision of preventative strategies such as notice boards and hand sanitiser stations throughout the service. Management also demonstrated understanding of their public health obligations in the event of an infectious disease outbreak.

It is my decision the preparations implemented by the service are adequate and sustainable, and therefore I have decided this Requirement is Compliant.

# Standard 7

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| Human resources | |  |
| 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

The service had previously been found to be non-compliant in Requirement 7(3)(d) following an Assessment Contact conducted 31 October – 1 November 2022, and this related to the service’s inability to demonstrate that staff had received effective training in relation to the Serious Incident Response Scheme (SIRS) and the use of restrictive practices.

In responding to the previous finding of non-compliance, management said the service had implemented multiple training sessions to ensure staff were competent to perform their duties. Management said the service had implemented specific training sessions in relation to SIRS, restrictive practices and infection control. Management confirmed mandatory training is assigned and undertaken by all new and existing employees. Training records demonstrated staff have undergone training in multiple areas to ensure they can deliver the outcomes required by the Aged Care Quality Standards.

Staff confirmed they had received training in SIRS and restrictive practices. Staff interviewed were able to demonstrate effective knowledge around the process of implementing a restrictive practice and when to report a SIRS incident using the service’s incident management system. Staff demonstrated effective knowledge and skills and confirmed they have received training to support them in their roles.

During the Assessment Contact conducted on 7 June 2023, consumers and representatives informed the Assessment Team they were satisfied staff were trained and equipped to perform their allocated tasks.

The service was found to be non-compliant in Requirement 7(3)(e) following an Assessment Contact conducted 31 October – 1 November 2022, and this related to the service being unable to demonstrate effective assessment, monitoring or review of staff performance.

Management advised they had taken action to address this non-compliance by ensuring all staff have received performance reviews in the last 12 months. Management were able to demonstrate strategies are in place to ensure staff are supported if issues are identified during a performance review.

Staff interviewed by the Assessment Team confirmed they had received their performance reviews on time, received individual feedback on their performance and received ongoing support including training, recruitment and ongoing development.

It is my decision that the service has taken appropriate measures to address the previous non-compliance in relation to Requirements 7(3)(d) and 7(3)(e). It is my decision the improvements taken by the service are adequate and sustainable, and therefore I have decided these Requirements are now Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

The service was found to be non-compliant in Requirement 8(3)(c) following an Assessment Contact conducted on 31 October - 1 November 2022, and this related to deficiencies identified with respect to effective organisational governance systems concerning continuous improvement, workforce governance and regulatory compliance.

Management advised a variety of actions have been undertaken to address this identified non-compliance. External consultants had been engaged to undertake a gap analysis of existing recruitment and onboarding processes, develop and deliver induction and ongoing training requirements, and improve business processes. This analysis had resulted in changes to the service’s management structure to clarify responsibilities and accountabilities of key positions.

Organisational governance is overseen by a Board and management advised the Board is actively involved with management on a weekly basis, as well as making themselves available to staff and consumers.

The service developed an action plan to monitor the progress of actions to improve workforce governance and regulatory compliance. The Assessment Team viewed minutes of weekly meetings between management and the engaged consultants to monitor the progress of actions such as the review of position descriptions for staff and delivery of induction and ongoing training. Management described the processes to identify opportunities for improvement including consumer/representative meetings and direct engagement with consumers. Consumers and representatives said staff and management are very approachable and listen to their concerns in relation to care and service delivery.

With respect to workforce governance, the service demonstrated systems and revised processes had been implemented to recruit staff with the skills required to deliver appropriate care and services, and ensure staff have clear and documented responsibilities. The service had also taken actions to improve its workforce governance performance by implementing an electronic human resources platform, replacing an existing paper-based process, to manage recruitment, payroll, performance assessments and training requirements.

The service demonstrated improvements in monitoring and complying with regulatory requirements including implementation of an online human resources platform to monitor and provide real time reports on workforce training and appraisals, ensuring staff had been provided training in SIRS and restrictive practices, and monitoring new and changed legislation through the engagement of an external consultant. Additionally, the Assessment Team confirmed a full review of the service’s restrictive practice register had been undertaken, the psychotropic register had been reviewed and was up to date and staff have the relevant qualifications for their positions and have undertaken mandatory police and registrations checks.

It is my decision that the service has taken appropriate measures to address the previous non-compliance in relation to Requirement 8(3)(c) and the improvements taken by the service are adequate and sustainable. I have therefore decided this Requirement is now Compliant.

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