Performance

Report

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| Name of service: | Performance report date: |
| John Goodlet Manor | 4 July 2022 |
| Commission ID: | Activity type: |
| 1476 | Site audit |
| Approved provider: | Activity date: |
| RSL LifeCare Limited | 25-27 May 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 John Goodlet Manor (**the service**) has been considered by Gill Jones, 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 dated 25-27 May 2022 ; 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 provider’s response to the assessment team’s report received 20 June 2022 and 28 June 2022.

# 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-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.

**Requirement 4(3)(a)**

Ensure 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.

**Requirement 4(3)(b)**

Ensure services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

**Requirement 7(3)(a)**

Ensure 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.

**Requirement 7(3)(d)**

Ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

**Requirement 7(3)(e)**

Ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers interviewed said staff understand their needs and preferences in a way that respects their ethnicity, spirituality, and culture.

Consumers sampled said they feel they have a say in the care and support that is provided to them and are supported to make choices including to take some risks in life.

Consumers provided feedback indicating they are given information which enables them to exercise choice.

Consumers said their privacy and confidentiality is respected.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and/or their representative advised they were able to be involved in planning and discussion about care needs.

Representatives were able to confirm that they were kept informed about any changes in their family member’s condition and were generally offered the opportunity to have a care conference or were offered a copy of the care plan. Consumers interviewed on this topic were also able to confirm they had been offered a copy of their care plan and had been able to make amendments to their care plan to reflect their care needs.

Care plans reviewed show that a regular review is undertaken, and changes made when and where needed.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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. | 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

There is a system to identify high impact or high prevalence risks associated with each consumer’s care.

Consumers and representatives interviewed confirmed that they have access to a doctor or other health professional when they need it. Referrals to allied and other health care providers occur and consumers with changing conditions are recognised and responded to in a timely manner. Staff demonstrated they have access to relevant clinical information and they are able to share this information with allied and medical health specialists.

Whilst sampled consumers considered that they receive personal care and clinical care that is safe and right for them the Assessment Team found one consumer raised concerns about the timeliness of some aspects of their care including getting assistance to go to the bathroom. The Assessment Team also identified that the administration of time sensitive medications for four consumers was an issue as the medication was not being given strictly at the prescribed time. Both issues were thought to be related to staffing. The Assessment Team also identified that whilst the service has a policy on restrictive practices staff knowledge and understanding of the use of psychotropic medication and mechanical restraints needed to be improved.

In their response to the site audit report the Approved Provider did not dispute the findings of the Assessment Team and submitted an improvement plan. The plan outlined actions to be taken to improve the timeliness of medication administration including the provision of staff education and an extra medication trolley purchased to allow for an additional medication round. The Approved Provider will also seek to recruit more staff and backfill shifts with agency staff and provide further education for staff regarding restrictive practices and the timeliness of administering certain medications. I have taken these issues into consideration in making my decision in relation to Standard 7. I find Standard 3 compliant.

# Standard 4

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| Services and supports for daily living | | Non-compliant |
| 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. | Non-compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-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

The Quality Standard is assessed as Non-Compliant as two of the seven specific requirements have been assessed as Non-Compliant.

I am satisfied the following two requirements are non-compliant:

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.

Requirement 4(3)(b)

Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Some consumers said they are supported to do the things they like to do. One consumer said that they feel independent and do what interests them and is happy to participate in the activities that interest them.

Consumers and consumer representatives said they were able to keep in touch with people important to them.

Some consumers said they enjoyed the food, others did not, with one consumer saying the service was not providing the diet she needs to maintain her wellbeing. Management was aware of this and were actively supporting various strategies to improve this situation.

With regard to Requirement 4(3)(a)

Consumers provided very mixed feedback about the leisure and lifestyle program. Individual assessments had not been completed with each consumer to identify what services and supports for daily living they needed to meet their needs, goals and preferences. The five care plans sampled were all generic in their description and did not reflect active participation in the activities on offer. Activities provided did not align with what the individual consumer liked to do and participation in meaningful activities was limited.

In their response to the site audit report the Approved Provider did not dispute the findings of the Assessment Team and submitted an improvement plan. The plan outlined actions to be taken included a review of the assessment process, ensuring care plans reflect the individual interests of consumers and participation in activities is documented.

With regard to Requirement 4(3)(b)

The service was not able to demonstrate that it identifies and provides each consumer with services and supports to promote their emotional, psychological and spiritual wellbeing. This was particularly evident for one consumer who’s sense of emotional wellbeing was deteriorating and, whilst this consumer had been referred for medical review, no additional services and supports for daily living had been provided to promote their emotional, spiritual and psychological well-being. In addition, consumers had not been able to access spiritual/faith based services due to ‘lockdowns’ and the only alternative provided had been the recently established church streaming service.

In their response to the site audit report the Approved Provider did not dispute the findings of the Assessment Team and submitted an improvement plan. The plan outlined actions to be taken including a review of the care and services provided to the consumer who’s wellbeing was deteriorating, the use of volunteers to support consumers and the re-instatement of church services.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Overall sampled consumers considered that they feel they belong and feel safe and comfortable in the service environment.

Consumers said their rooms are always clean and the cleaning staff do a good job.

Consumers said they felt safe when staff are using equipment with them.

The Assessment Team observed that the service environment was clean, welcoming and odour-free.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. All consumers interviewed were satisfied by the services response to feedback they had made.

Consumers and representatives were aware of advocacy services and some were aware of external complaint mechanisms. Promotion of advocacy services and external complaint mechanisms were observed throughout the service. Whilst there was some information on language services available none of the current consumers require language service support.

The service uses a process of open disclosure when things go wrong and consumers interviewed confirmed management is responsive to matters raised.

The service does not record all their feedback into their electronic complaints system however feedback that is recorded is monitored and reviewed in an effort to drive continuous improvement.

**Standard 7**

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| Human resources | | NonCompliant |
| 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 |
| 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. | Non-Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-Compliant |

## Findings

The Quality Standard is assessed as Non-Compliant as three of the five specific requirements have been assessed as Non-Compliant.

I am satisfied the following three requirements are non-compliant:

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.

Requirement 7(3)(d) The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Requirement 7(3)(e) Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

Consumers interviewed reported they are treated with care and respect and the Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner.

Consumers were satisfied that the staff are trained and competent to deliver the care and services they require. They said staff generally know what they are doing and did not identify areas where further education and training are required.

With regard to Requirement 7(3)(a)

Whilst consumers/representatives interviewed were generally satisfied with the care and services provided to them, the care and services provided to several consumers was negatively impacted because of staff shortages. For example; they had to wait for assistance with personal care, they did not receive time-critical medication as prescribed, took unnecessary risks because there was no-one to assist them, and they chose to skip activities because of the long wait for assistance to and from the activities.

In their response to the site audit report the Approved Provider did not dispute the findings of the Assessment Team and submitted an improvement plan. The plan outlined actions to be taken including actively recruiting more staff and the use of Agency staff to backfill vacant shifts. The plan also included actions to be taken to improve the timeliness of medication administration including the provision of staff education and an extra medication trolley purchased to allow for an additional medication round. The Approved Provider will also provide further education for staff regarding restrictive practices.

With regard to Requirement 7(3)(d)

The staff training program had not been functioning effectively for the last twelve months, with only a minority of staff having completed their mandatory training. Efforts had been made to address this issue, however at the time of the Site Audit, there was significant training yet to be completed. In Standard Three gaps were identified in staff knowledge regarding restrictive practices, and the importance of administering of time-sensitive medications as prescribed. In addition, care planning by lifestyle staff did not adequately address consumers lifestyle needs showing a lack of training or a lack of effective training regarding these matters.

In their response to the site audit report the Approved Provider did not dispute the findings of the Assessment Team and submitted an improvement plan. The plan outlined actions to be taken which included review of staff requirements for education and systems to monitor staff attendance at mandatory training.

With regard to Requirement 7(3)(e)

Whilst staff performance is monitored informally by the new manager who commenced in March 2022 staff performance is not routinely assessed, monitored and reviewed. Staff appraisals had not been completed in 2021. The formal process of performance review only commenced in May 2022 with the development of a new framework.

In their response to the site audit report the Approved Provider did not dispute the findings of the Assessment Team and submitted an improvement plan which included monitoring staff performance.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The organisation also demonstrated it has governance systems, a risk management plan and clinical governance framework in place for the delivery of safe and quality care and services.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)