Performance

Report

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| Name: | Pathways Cronulla Pines |
| Commission ID: | 1029 |
| Address: | 35 Sturt Road, CRONULLA, New South Wales, 2230 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 15 May 2024 to 16 May 2024 |
| Performance report date: | 24 June 2024 |
| Service included in this assessment: | Provider: 1702 Pathways Aged Care Pty Limited  Service: 7217 Pathways Cronulla Pines |

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 Pathways Cronulla Pines (**the service**) has been prepared by Therese Solomon, 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 (performance assessment) – 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 19 June 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed. |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed.** |
| **Standard 4** Services and supports for daily living | **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 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 |

Findings

The service demonstrated that each consumer is treated with dignity and respect, and their identity, culture, and diversity are valued. Consumers and/or representatives stated that consumers are treated with dignity and respect, and that they feel welcomed by staff and the service. Staff demonstrated an understanding of consumers and the care and services they would like delivered.

Management outlined how the service guides and monitors staff practices and implements policies and procedures, induction and training and commitment to a person-centred organisation, which values diversity and promotes respectful relationships. Assessment and care planning documentation included reference to the consumers’ individual circumstances and their involvement in decision making. Care plans outlined consumer goals in relation to their physical, cognitive, and psychosocial wellbeing.

The Assessment Team sighted staff orientation training matrix, which includes training on respecting consumer rights, dignity and choice and cultural safety. The Assessment Team observed interactions at the service were respectful and demonstrated staff had a clear knowledge and understanding of different backgrounds of consumers.

Based on the information provided by the Assessment Team, requirement 1(3)(a) is 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. | Compliant |

Findings

The service demonstrated that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their need’s and optimises their health and well-being. Consumers and/or representative provided positive feedback in relation to clinical and personal care provided by the service. Staff demonstrated a clear and comprehensive knowledge of consumers' personal hygiene care; however, care documentation was not always consistent.

The Assessment Team identified areas for improvement in relation to staff knowledge in the areas of changed behaviour management, medication management and skin integrity management. Observations and reviews of consumer care and service documentation related to falls, weight loss and diabetes management indicate consumers have been effectively monitored and managed.

The Assessment Team noted that consumers with pressure injuries and chronic wounds were not consistently monitored effectively. While the wound consultant reviewed wounds, the instructions were not consistently followed to ensure best practice. The Assessment Team identified areas for improvement in relation to wounds and pressure injuries management. The Approved Provider engaged a wound consultant specialist to undertake a comprehensive quality review of the facility’s wound management system and provide recommendations for improvement.

A review of medication documentation and representative interviews identified areas for improvement in relation to medication management. These issues were related to risk management due to high-risk medications not being administered as charted, for example, time sensitive medication.

A review of the care and services documentation for consumers requiring pain management showed consumers are not consistently assessed according to the service's policy and procedure guidance. Pain assessments are not being undertaken when required, and pain is not considered during the provision of wound care. Evaluations of pain management strategies implemented are not consistently documented.

A review of care and service documentation for consumers with changed behaviours showed that these behaviours had not been recognised effectively and managed appropriately. Behaviour support plans were not personalised and did not have enough information to capture triggers, meaningful activities, or interventions tailored to consumer needs.

A review of the care and services documentation for consumers subject to restrictive practices showed the service monitors and manages them regularly. Management advised there were consumers subjected to chemical restraint and environmental restraint at the service. All consumers had review and authorisation noted for their chemical restraint.

The service has system in place to monitor and ensure consumers maintain good nutrition and hydration including healthy weight to ensure quality of life and promote well-being. Consumers are weighed monthly, and their weight recorded in the electronic care system. The electronic care system analyses the data and alert staff when a consumer has had consecutive weight loss. The service is responsive when it is reported that a consumer is not consuming their meals as per normal.

Review of documentation relating to the management of weight and weight loss shows consumers are regularly monitored. The service has system in place to adequately manage any weight loss that is not expected including staff monitoring consumers intake at mealtimes. The is oversight through the clinical audits and support from the quality and education teams to ensure safe and effective care is delivered.

The Approved Provider’s response submission did acknowledge some of the findings contained in the Assessment Contact report, however the response submission provided additional documentation and clarifying information to address identified deficits. The response submission included further clarifying information, including updated documents and follow up discussions with named consumers.

In coming to my decision for this requirement, I acknowledge the service has implemented some improvements including further education and observations of staff practices; and have taken immediate action in response to areas of the Contact Assessment report included following up with all consumers named in the report.

Therefore, it is my decision requirement 3(3)(a) is compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The service demonstrated it provides meals that are of adequate quantity and quality. The service ensuring consumers are satisfied with the dining experience through consultation and regular monitoring. Consumers and/or representatives provided positive feedback in relation to meals, and staff were observed engaging with consumers during meals.

The chef advised he has developed a new menu based on feedback received from consumers and/or representatives. The new menu was shared with all consumers and/or representatives for consultation and he is awaiting their feedback. Responses received have been analysed and the feedback actioned. Allergen training has been completed by all catering staff and a new dining experience training has been included in the training program.

The Assessment Team observed a lunch service in the memory support unit, most consumers were settled and engaged in the dining experience. There was a significant number of staff present including the lifestyle staff who attended to provide meal assistance while care staff supported consumers displaying changing behaviours.

Based on the information provided by the Assessment Team, requirement 4(3)(f) is compliant.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

The service has a process in place to ensure staff at the service have the skills and knowledge required to perform their roles. The service has an onboarding program for new staff and ensures staff have the required qualifications and registrations necessary to deliver safe and quality care and services.

The education coordinator at the service undertakes staff recruitment including pre-employment screening for all potential staff. Pre-employment checks include ensuring the correct qualifications, current police checks, visas, and registrations. The service provides 2 days of orientation including 2 hours of familiarisation with the service and an overview of aged care. Upon employment staff undertake competency training on infection control, personal protective equipment, and hand hygiene.

Mandatory orientation training includes online training in managing behaviour and psychological symptoms of dementia, as well as Serious Incident Response Scheme training to be completed within 7 days of employment. All new employees undertake a 3-day buddy shift and competencies in manual handling and medication management are provided during this period.

New staff interviewed stated they were provided with orientation and a buddy shift when they commenced at the service. Clinical staff confirmed they supervise new staff as part of the buddy shift program. General staff meetings are held quarterly, and the meeting minutes are available for those unable to attend.

Based on the information provided by the Assessment Team, requirement 7(3)(c) is 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. | Compliant |

Findings

The organisation demonstrated effective risk management systems and practices.

The Assessment Team identified areas for improvement in relation to the effective management of identified risks, to ensure effective risk mitigation strategies are implemented. The organisation has an overarching risk management plan dated 2023-2024 for the whole of organisation and the service has access to a site specific individualised high impact high prevalence risk register to enable and guide the service in identifying and managing risks related to the care and services of consumers.

The Assessment Team identified areas for improvement in relation to incident management, as incidents were not consistently documented in an incident report and recorded in an incident register for analysis and monitoring. The incident escalation process was discussed with management, and the Approved Provider implemented actions to address the identified deficits.

The organisation has a comprehensive incident management system which incorporates organisational governance, clinical and operational frameworks as well as a suite of policy and procedures manuals, processes, self-assessments, incident and feedback reporting, escalation protocols, critical incident and Serious Incident Response Scheme reporting and management processes, internal audit and quality program, oversight and supervision structures, performance management processes, training and assessment programs and consumer engaged frameworks including the establishment of a Consumer Advisory Body.

The Approved Provider’s response submission did acknowledge some of the findings contained in the Assessment Contact report, however the response submission provided additional documentation and clarifying information to address identified deficits. The response submission included further clarifying information, including updated documents and follow up discussions with named consumers.

In coming to my decision for this requirement, I acknowledge the service has implemented some improvements including further education and observations of staff practices; and have taken immediate action in response to areas of the Contact Assessment report included following up with all consumers named in the report.

Therefore, it is my decision requirement 8(3)(d) is 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-1)