 Performance

Report

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| Name: | The Shoreline |
| Commission ID: | 8211 |
| Address: | 41 York Street, COFFS HARBOUR, New South Wales, 2450 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 23 April 2024 to 24 April 2024 |
| Performance report date: | 29 May 2024 |
| Service included in this assessment: | Provider: 8892 Park Beach Residence Pty Limited  Service: 27483 The Shoreline |

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 The Shoreline (**the service**) has been prepared by G Cherry, 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 [including Plan for Continuous Improvement (PCI)] received 16 May 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7** **Human resources** | **Not Compliant** |
| **Standard 8** **Organisational governance** | **Not 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 3(3)(a) – implement appropriate systems/processes to ensure effective, safe management of consumer’s clinical/personal care, particularly in relation to risk of choking, medication and behavioural management, restrictive practices plus incident reporting/management including analysis/trending. Implement effective self-monitoring systems to identify/respond to deficiencies and ensure compliance.
* Requirement 7(3)(c) – implement an effective system to ensure a competent workforce with skills/knowledge to effectively perform their roles, particularly relating to management of choking incidents, medication management, incident reporting/management, identifying/responding to unmet behavioural needs and restrictive practices. Implement effective self-monitoring systems to identify/respond to deficiencies and ensure compliance.
* Requirement 8(3)(e) - implement an effective organisational clinical governance system relating to restrictive practices, BSPs/ behaviour management, risk assessments, choking, medication and incident management plus an effective self-monitoring system to identify/respond to deficiencies and ensure compliance.

# 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. | Not Compliant |

Findings

The service did not demonstrate appropriate systems/processes to ensure effective, safe management of consumer’s clinical/personal care, particularly in relation to risk of choking, medication management and incident reporting/management and analysis. Via document review the assessment team note inconsistencies in identifying unmet behavioural needs and implementation of appropriate strategies within behaviour support plans (BSPs)/behaviour management to guide staff in individualised care delivery. In addition, the assessment team bought forward evidence relating to a lack of effective management/oversight in relation to restrictive practices such as psychotropic medications. Directives to assist staff in management/response to episodes of chocking are not evident for one consumer.

The service did not demonstrate appropriate monitoring/management of three consumers requiring time sensitive medications to ensure receipt of medication as per medical officer directives. Via document review the assessment team note lack of an effective monitoring system to ensure reporting of incidents when medications are not administered as per directives. Medication documents do not contain details of ‘as needed’ medications to guide staff in administration. An effective monitoring system to ensure appropriate details for safe administration of medications does not exist. Interviewed staff did not demonstrate knowledge of incident reporting/management and the service did not demonstrate an effective system to ensure required incidents are reported, investigated, and reviewed as a method to prevent recurrence nor conduct analysis/trending to enable identification of staff training/education and/or improvement actions.

The assessment team bought forward evidence a comprehensive risk assessment for a consumer requiring assistive equipment has not occurred, although it is noted review by an occupational therapist is pending. BSP documents are not reflective of individualised interventions to guide staff in care delivery for consumers experiencing changed behaviours. Staff understanding of effective individualised interventions was not consistently evident in two consumer’s documentation nor via staff interview. Management advised the service is in the process of implementing an electronic monitoring system of staff competency/education and advised of planned additional training in response to evidence bought forward by the assessment team. Management advised risk assessments will be reviewed for those consumers at risk of choking and/or have assistive equipment.

An effective method of identifying, and appropriate management of psychotropic medications deemed as restrictive practice is not evident. The service did not demonstrate alternate intervention prior to administration of psychotropic medication nor review of medications to ensure currency of informed consent. The service did not demonstrate effective processes to ensure staff competency/training in relation to consumers individual clinical care needs (considered in requirement 7(3)(e).

In their response, the provider acknowledges evidence bought forward by the assessment team advising commitment to improved service delivery. They supplied a detailed plan for continuous (PCI) noting designated responsibility for implementation of corrective actions including planned achievement dates, plus board member engagement/authorisation for deployment of resources to support PCI implementation. In consideration of compliance, while accepting the provider’s immediate/responsive actions I am concerned a lack of self-monitoring systems to identify areas of non-compliance and am cognisant of time required to implement new systems/processes including staff education/training. I find the service does not demonstrate appropriate systems to ensure consumers receive safe, effective best practice care, tailored to individual needs to optimise health and well-being. I find requirement 3(3)(a) is non-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. | Not Compliant |

Findings

The service did not demonstrate effective systems to ensure a competent workforce with knowledge/ability to performing their required roles. Whilst workforce members have appropriate qualifications, via interview, document review and observation the assessment team note deficiencies in staff knowledge/skills relating to restrictive practices, incident reporting/management, behaviour management, plus medication administration.

An effective method of oversight to identify required staff education/training is not evident. Sampled consumers express dissatisfaction in relation to staff knowledge/interactions. Some interviewed staff did not demonstrate knowledge of what constitutes a restrictive practice, including psychotropic medications, nor environmental restrictive practice. Interviewed staff did not demonstrate comprehensive understanding of best practice principles relating to consumers experiencing a choking episode, completion of risk assessment for assistive equipment and appropriate medication management. Consumer impact relating to lack of knowledge/competency is considered in requirement 3(3)(a).

In their response, the provider acknowledges evidence bought forward by the assessment team advising commitment to improved service delivery. They supplied a detailed (PCI) noting designated responsibility for implementation of corrective actions including planned achievement dates. In consideration of compliance, while accepting the provider’s immediate/responsive actions I am concerned their monitoring systems did not identify areas of non-compliance and am cognisant of time required to implement new systems/processes including staff education/training. I find the service does not demonstrate appropriate systems to ensure a competent workforce with qualifications and knowledge to effectively perform their required roles. I find requirement 7(3)(c) is non-compliant.

# Standard 8

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| Organisational governance | |  |
| 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. | Not Compliant |

Findings

Demonstration of an organisational clinical governance framework relating to open disclosure and antimicrobial stewardship is evident, including policy guidance and an overarching understanding of responsibilities. Service level clinical governance meeting forums occur with board member representation. However, an effective organisational clinical governance system relating to restrictive practices, BSPs/ behaviour management, risk assessments, choking, medication management and incident review is not demonstrated. While guidance/policy documents exist a system to ensure staff understanding/awareness is not effective relating to all aspects of restrictive practice. A process to identify psychotropic medications deemed as chemical restraint does not exist and clinical governance monitoring mechanisms are not effective to ensure oversight/review of psychotropic medications to comply with legislative requirements. An effective incident management system to ensure organisational governance oversight is not evident. The organisation’s quality systems did not identify evidence bought forward by the assessment team. Organisational management advise provision of planned organisational support to address non-compliance.

In their response, the provider acknowledges evidence bought forward by the assessment team advising commitment to improved service delivery. They supplied a detailed (PCI) noting designated responsibility for implementation of corrective actions including planned achievement dates. In consideration of compliance, while accepting the provider’s immediate/responsive actions I am concerned monitoring systems did not identify areas of non-compliance and am cognisant of time required to implement new systems/processes including staff education/training. I find the service does not demonstrate an effective organisational clinical governance framework regarding restraint/restrictive practices. I find requirement 8(3)(e) is non-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)