Performance

Report

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| Name of service: | William Cape Gardens |
| Service address: | 40 Pearce Road KANWAL NSW 2259 |
| Commission ID: | 0767 |
| Approved provider: | William Cape Gardens Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 10 May 2023 to 12 May 2023 |
| Performance report date: | 19 June 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 William Cape Gardens (**the service**) has been prepared by G Hope-Simpson, 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 Site Audit. 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 6 June 2023.
* other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# 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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 |
| 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 were assessed as Compliant.

Consumers confirmed staff treated them with dignity, respect and valued their cultures and diversity. Staff spoke to consumers with respect and understood their personal circumstances and life experiences. Consumers’ care plans included information about who was important to them, their cultural background, activities of interest and personal preferences. The Assessment Team observed staff treating consumers with dignity and respect by using their preferred names and knocking prior to entering their rooms. Consumers confirmed they received culturally safe care and services which aligned with their care plans.

Consumers were supported to make choices about their care, how it was delivered and who should be involved in their care. Consumers’ care plans included information about their care choices and how the service supported them to maintain relationships with people of importance to them. Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, a risk assessment and consent form was completed and documented in their care plans.

Consumers were generally provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. For example, information was disseminated via consumer meetings, electronic messaging, an activities calendar and menus. Consumers confirmed care and services were usually delivered in a way which respected their privacy. Consumers’ personal information was kept confidential in password-protected computers and nurses stations were locked when not in use.

# 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. | 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 were assessed as Compliant.

The service considered risks to consumers’ health and well-being during the needs assessment and care planning process. Consumers confirmed their involvement in assessment and care planning and were content with the care and services they received. Staff understood consumers’ care needs, risks to their care and the interventions required to mitigate those risks. Consumers confirmed the assessment and planning process addressed their current needs, goals and preferences, including end-of-life plans where they wished.

The service partnered with consumers, their representatives, medical and allied health professionals when assessing, planning and reviewing care needs. A review of care plans confirmed the involvement of consumers, representatives and other service providers in a coordinated assessment and care planning process. Consumers confirmed the outcomes of assessment and planning were communicated to them and they were offered a copy of their care plan. Consumers confirmed their care and services were reviewed for effectiveness every four months or following a change to their condition. For example, where consumers experience an incident such as a fall, their needs were reassessed and care plan updated as required.

# 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 |
| 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 were assessed as Compliant.

Consumers confirmed they received personal and clinical care tailored to their needs and which optimised their health and well-being. Staff provided care to consumers which was consistent with each persons’ individualised care plan. Staff were guided by policies, guidelines and decision making-tools which addressed high-impact and high-prevalence risks to consumers such as pressure injuries, falls management and diabetes management. Consumers said staff explained any risks associated with their care and in addition, those risks were well managed.

Consumers confirmed staff had discussed advanced care planning and end of life preferences with them, which were recorded in care plans. Staff who provided palliative care described how care delivery changed during the end-of-life process, such as ensuring consumers were comfortable with their dignity preserved through pain management, providing emotional and spiritual support, regular repositioning and attending to personal care.

Consumers confirmed the service responded promptly to a deterioration or change in their condition. Consumers with changed conditions were referred to the service’s clinical management, following which the issue could be escalated to a medical officer or the consumer may be transferred to hospital and their care plan updated accordingly. Consumers were satisfied with how changes to their conditions were communicated within the organisation and with others providing care. Information about consumers’ conditions was communicated via progress notes, meetings, care plans and shared during shift handovers.

Consumers confirmed referrals to other providers of care and services were timely, appropriate and occurred when required, which was consistent with referral documentation. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services and supports that met their needs, goals and preferences. Staff understood what was important to consumers, what they enjoyed doing and the supports needed to maximise their independence and quality of life. Consumers said they engaged in activities of their choice and participated according to their preferences. Consumers confirmed they received the emotional, spiritual and religious supports needed to maintain their psychological well-being, such as attending religious services, receiving visits from local priests and spending one-on-one time with staff.

Consumers participated in their community, did things of interest to them and were supported to maintain social and personal relationships. Staff supported consumers to establish and maintain social relationships within the service, such as organising group activities to enjoy gardening, bingo sessions, put puzzles together, play dominos and listen to music in the common area. Consumers were satisfied with the quality, quantity and variety of food provided by the service. Consumers said they enjoyed the meals, treats and refreshments which were plentiful and varied. The service’s chef said meals were reviewed by a dietician, prepared daily on-site and the menu considered consumer feedback, dietary needs and preferences. A review of consumers’ care plans included information about their dietary needs and preferences. Where the service provided equipment, consumers said it was safe, suitable, clean and well maintained. Staff understood how to report equipment which required maintenance. A review of maintenance documentation confirmed scheduled and reactive maintenance was routinely completed.

# Standard 5

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| Organisation’s service environment | |  |
| 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 were assessed as Compliant.

The service environment was welcoming, easy to understand and promoted a sense of independence and belonging. The service was quiet, easy to navigate, maintained at a comfortable temperature and had a welcoming reception area. Consumers felt at home within the service, particularly as they personalised their rooms with possessions of their choice. Consumers could use different areas of the service to enjoy meals, activities and access the outdoor garden areas. The Assessment Team observed consumers enjoying the outdoor areas and receiving visits from family.

While the service environment was observed to be clean, well maintained, comfortable and consumers moved freely within and outside of the building, the service had been having on-going issues with elevated levels of legionella in the water system. The issue was detected through the service’s regular scheduled legionella testing and since then, the service has implemented more frequent checks. A range of risk management measures had been implemented, including engagement with water treatment specialists, replacing and adding new pumps and valves, flushing affected water sources with chlorine and replacing temperature probes. Ongoing risk management measures are further discussed in Requirement 8(3)(d).

Consumers gave positive feedback about the service environment and said it was safe, clean, well maintained. The Assessment Team noted the service was clean, tidy and walkways were clear and free from obstructions. The service had a preventative and reactive maintenance program whereby furniture, fittings and equipment were safe, clean and well maintained.

# Standard 6

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| Feedback and complaints | |  |
| 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 were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Feedback and complaints could be made via surveys, resident and representative meetings, feedback forms, electronic mail and by speaking directly with staff and management. A review of documents confirmed feedback was received from multiple sources and actions taken were provided to consumers. The service had a feedback and complaints policy which guided staff in acknowledging feedback, taking actions, planning and investigating, formal responses and identifying opportunities for continuous improvement. Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in the consumer handbook.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which consumers and representatives confirmed. Staff and management understood their responsibilities in relation to complaints management. Staff confirmed they had received training in open disclosure and gave examples of when it was required. However, the service had not practiced open disclosure in relation to elevated levels of legionella in some consumers’ rooms and had not informed those consumers or their representatives who were directly impacted by the issue. Deficits in relation to this issue are outlined further in Requirement 8(3)(d).

Complaints and feedback were used to improve the quality of care and services. Staff said feedback was regularly discussed in meetings where they could provide input on ways to improve services and prevent reoccurrence of the same complaint. The Assessment Team reviewed the service’s continuous improvement plan and noted actions were consistently taken to improve services.

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

Findings

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

Consumers confirmed there were adequate staff at the service to provide safe, quality care and services which met their needs. Staff reported they were sufficiently resourced to complete their duties and vacant shifts were filled by agency staff. Management said staffing levels were determined based on current consumer needs, occupancy levels and contingency plans in place to fill vacant shifts. A review of previous rosters showed minimal unfilled shifts and call bell data reflected prompt responses to consumers’ call bells. Consumers confirmed staff were kind, caring and respectful when providing care. Staff were observed assisting consumers at mealtimes, engaging consumers in conversation and helping during lifestyle activities.

The service’s workforce was competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. Consumers said they were confident in staff skill levels, particularly those of the registered nurses. Staff were recruited based on their qualifications, skills and suitability for the role. New staff participated in an induction process which included ‘buddy’ shifts, a discussion about their role, education about service policy and procedures, familiarisation with the Quality Standards and competency assessments in medication administration, infection control and manual handling. Staff were guided by position descriptions and said they were adequately trained to perform their roles. A review of learning records showed a training program which was responsive to consumer and staff needs, with high levels of staff completion rates. Management determined staff competencies through informal and formal performance reviews.

# Standard 8

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| Organisational governance | |  |
| 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 were assessed as Compliant.

The Assessment Team recommended Requirement 8(3)(d) as non-compliant. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I have deemed Requirement 8(3)(d) compliant, as detailed below.

Regarding Requirement 8(3)(d), the Assessment Team found the service did have risk management systems which detected and mitigated the impact of most risks to consumers. However, the Assessment Team also found the service was not meeting its regulatory responsibility in relation to managing a high-impact risk associated with elevated levels of Legionella bacteria (Legionella) which were first detected in some consumers’ rooms in March 2021.

The Assessment Team noted that since March 2021, when elevated levels were initially detected, the service had routinely tested for Legionella and when elevated levels were found, the source was proactively treated through super-chlorination before further tests were conducted. In the case of a subsequent negative result, the service next tested six months later. When elevated levels of Legionella were detected, the service tested more regularly. Legionella was most recently detected on 4 April 2023, in the rooms of 11 consumers.

During the Site Audit, management advised: since Legionella was most recently detected they had not notified affected consumers or assessed their individual risk; and affected consumers had not been provided or offered an alternative room. During the Site Audit, the service provided a written response stating that ‘residents in rooms where a positive sample has been detected are assessed for vulnerability. Vulnerable residents, such as residents with chronic respiratory illness or immunosuppression will be prioritised for immediate risk control.’ The response also stated the service would inform consumers and their representatives of the issue and offer risk mitigating options to them. None of these steps were taken by the end of the site audit on 12 May 2023.

The Site Audit Report outlined the above details and the details of 11 consumers whose rooms had elevated levels of legionella detected. All 11 consumers, by virtue of their age or underlying health conditions, were vulnerable, however two consumers also lived with existing respiratory conditions, increasing their level of vulnerabity to harm from the legionella. Lastly, the Site Audit Report outlined elements of the service’s governance-risk management and incident management policies, which the service had not followed in handling the issue.

In their written response received 6 June 2023, the Approved Provider reiterated the measures taken since the legionella was first detected, to mitigate risks to consumers. However, the response accepted the service had not completed individual assessments to inform risk mitigation for individual consumers whose rooms had elevated levels of the bacteria in the water systems. The Approved Provider also accepted the service had not practiced open disclosure by informing those consumers, or their representatives, of the issue. The response demonstrated however, that the organisation had since updated their Legionelle Testing policy and procedure, to reflect the need for individualised risk assessments and open disclosure. The response also demonstrated that since the Site Audit, all affected consumers and their representatives were notified of the situation, along with subsequent negative readings from the most recent testing that was received shortly after the site audit.

I have considered the evidence in the site audit report and the response, and find that on balance, the service is now compliant with Requirement 8(3)(d). While there is no evidence before me to show a negative impact to consumers’ health as a result of the way the service managed the elevated legionella levels, I acknowledge that management was not in line with best practice or the service’s own procedures for incident hadling. However, the service has now amended the organisation’s procedures for Legionella testing, to include both individual clinical risk assessments and open disclosure. I note the intent of Requirement 8(3)(d) is:that organisations are expected to have systems and processes that help identify and assess risks to the health, safety and well-being of consumers. If risks are found, organisations are expected to find ways to reduce or remove the risks in a timeframe that matches the level of risk and how it is affecting consumers. The amendments to the organisation’s policy and procedure, along with the servce’s otherwise appropriate handling of the legionella levels, indicates the service’s legionella risk management processes have been reviewed and improved, at the time this decision is being made. The Assessment Team also found that the service had effective risk management systems in place for other high-prevalence, high impact risks, for identifying and responding to abuse and neglect, for supporting consumer dignity in risk and for managing other incidents. On balance, in light of the totality of evidence, I am satisfied the service is now compliant with Requirement 8(3)(d).

I am satisfied that the remaining four requirements of Quality Standard 8 are also compliant.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via consumer meetings and feedback forms. The organisation’s board of directors (the board) promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board maintained visibility of the service’s performance through regular reports provided by management which addressed audit findings, workforce recruitment, compliance, feedback, clinical indicators, risks and staff training.

The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had systems in place to support clinical governance, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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