Adventist Nursing Home

Performance Report

56 ELSOM Road
KINGS LANGLEY NSW 2147
Phone number: 02 8834 6100

**Commission ID:** 2562

**Provider name:** Seventh-day Adventist Aged Care (Greater Sydney) Ltd

**Assessment Contact - Site date:** 30 October 2020

**Date of Performance Report:** 17 December 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.
* The provider’s response to the Assessment Contact - Site report received 24 November 2020

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most of the sampled consumers and representatives considered that the consumer receives personal care and clinical care that is safe and right for them including managing infection related risks.

The organisation’s approach to assessment and planning in managing infection related risks mostly supports the desired outcomes for consumers. However, the service was unable to demonstrate that its outbreak management plan was comprehensive or that staff always displayed appropriate infection control procedures.

The organisation was unable to demonstrate safe and effective clinical and personal care relation to measurement and photographing of wounds, physical restraint documentation and the monitoring of its use, the tracking of the use of psychotropic medications and the provision of timely personal care.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team found that the service did not demonstrate that sampled consumers receive safe and effective personal or clinical care that is best practice, is tailored to their needs and which optimises their health and well-being.

The Assessment Team noted current staff practices and documentation issues related to wound management, in particular deficits in wound photography and measurement, and timely referrals not always being made to wound specialists. The Assessment team also identified that pain management instructions are not always followed and that the use of psychotropic medications was not always tracked. In addition, it was identified that physical restraint documentation and practice is not always completed in accordance with policies and planning. The Assessment Team also identified an instance where a consumer was not assisted with toileting in a timely manner causing upset to the consumer.

The approved provider’s response included additional material clarifying matters raised in the report and which also provided some additional context and refuted some information in the Assessment Teams report. The approved provider’s response also included evidence of corrective actions taken since the assessment contact to address the gaps identified.

I am satisfied that the approved provider addressed the issues in relation to management of pain and the issue identified in relation to referral to a wound specialist, and I have not identified concerns in relation to these matters.

However, I consider that improvements are required in relation to measurement and photographing of wounds, physical restraint documentation and the monitoring of the use of physical restraint. In addition, I am not satisfied that the service demonstrated a system to effectively track the use of psychotropic medications. I also consider that the service was not able to demonstrate effective care in relation to the provision of assistance for toileting for a consumer.

While the service has implemented a number of measures to address these issues, I consider that these improvements will take time to become embedded.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 3(3)(g) Non-compliant

*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.*

The Assessment team did not identify any concerns in relation to practices promoting appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics, however the team found that there is insufficient minimisation of infection related risk through the implementation of standard and transmission-based precautions to prevent and control infection. This was observed in staff practices.

In particular, while the service demonstrated an understanding of their responsibility in minimising infection related risks for consumers, staff practices in relation to infection control when cleaning lifting equipment and hand sanitisation were seen to be deficient. In addition, the service’s outbreak management plan and associated information to respond to a potential COVID-19 infection outbreak was also found to be missing important information.

The approved provider submitted a response to the Assessment Teams report which included additional material clarifying matters raised in the report and providing additional context. I acknowledge improvements implemented by the approved provider and identified in its response, including a continuous improvement plan, equipment cleaning charts and checklists, updated floorplans, outbreak management flowcharting and policies.

I acknowledge these improvements but find that the approved provider is Non-compliant with this requirement.

# 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)

*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.*
* Ensure that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, including but not limited to effective measurement and photographing of wounds, appropriate physical restraint documentation and effective monitoring of the use of such restraint, the tracking of the use of psychotropic medications and the provision of timely personal 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.*
* Implement systems to ensures practices are in place in relation to standard and transmission-based precautions to prevent and control infection, including but not limited to ensuring appropriate staff practices, and adequate policies and procedures to support infection control and prevention.
* Monitor and review the effectiveness of these systems.