Aegis Parkview

Performance Report

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**Commission ID:** 7307

**Provider name:** Lakeside Hostel Pty Ltd

**Assessment Contact - Site date:** 9 September 2021

**Date of Performance Report:** 14 October 2021

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

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 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 consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 1 October 2021.

# 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

The Quality Standard is Non-compliant as the one Requirement assessed has been found Non-compliant.

The Assessment Team assessed Requirement (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact and have recommended this Requirement not met. The Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks, specifically in relation to falls, restrictive practices and swallowing and falls for one consumer.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Lakeside Hostel Pty Ltd, in relation to Aegis Parkview, Non-compliant with Requirement (3)(b) in Standard 3 Personal and clinical care. I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team were not satisfied the service the service demonstrated effective management of high impact or high prevalence risks, specifically in relation to falls, restrictive practices and swallowing for one consumer. The Assessment Team’s report provided the following evidence relevant to my finding:

Falls:

* Consumer A experienced 13 unwitnessed falls in the six months preceding the Assessment Contact.
* Strategies implemented following falls in May and early June 2021 were not effective in preventing further falls, one of which resulted in a fracture.
* While strategies implemented have been successful in ensuring the consumer is found immediately after a fall, they have not been successful in preventing falls.
* An investigation relating to the fall in which the consumer sustained a fracture identified falls prevention strategies had been followed. The strategies had not enabled a fall to be prevented indicating the strategies in place were not effective.
* The Incident report log demonstrates the consumer experienced further falls in July and August 2021.

Behaviours and restrictive practices:

* Consumer A’s representative had been informed of medications to manage challenging behaviours and the reasons for the medication. However, the representative had not been asked to complete any formal consent or authorisation.
* There was no evidence in the progress notes that the discussion with the representative included full disclosure of the risks of the medication.
* The ‘as required’ medication was administered for agitation at least daily over a 15 day period in June 2021.
* The pain care plan from 2020 identifies the consumer experiences pain and may not verbally state they are in pain. There was no evidence of a pain assessment being carried out prior to the evening administration of the as required medication.
* Records of administration of the medication demonstrates staff were implementing strategies to manage behaviours in line with the consumer’s care plan but these strategies were ineffective.
* There is no evidence of a comprehensive review being undertaken of the non-pharmacological strategies in place to manage the consumer’s behaviour when they had been identified as consistently ineffective or new non-pharmacological strategies being tried or implemented.
* Whilst the Medical officer reviewed the as required medication in June 2021 with no changes made, there is no evidence of a comprehensive review of the effectiveness of the use of medication when it was identified that regular daily use was being required and the consumer was still exhibiting behaviours.
* The service stated that whilst strategies have been implemented to address the consumer’s agitation and behaviours, they acknowledged these have mostly been ineffective.

Swallowing:

* The consumer experienced a choking episode in September 2021 after eating peas and was admitted to hospital with aspiration pneumonia.
* A speech pathologist review following the incident indicated peas were not a suitable food for the level of diet the consumer was receiving.
* Progress notes show staff had identified coughing episodes following eating and drinking on several previous occasions, including two in June 2021. A discharge summary following the hospital admission for a fall in June 2021 noted the consumer was also being treated for a chest infection. No review by a speech pathologist was identified during this period.

The provider did not dispute the Assessment Team’s findings and since the Assessment Contact, has implemented and/or planned a number of actions to address the deficits highlighted in the Assessment Team’s report. Documentation to support some of the actions was included as part of the provider’s response. The provider’s response included, but was not limited to:

* Identified Consumer A’s fall was not escalated through the incident management system in line with organisational policy and process. In response, the performance of the staff involved has been investigated.
* Undertaken a full clinical reassessment of Consumer A’s clinical and care needs resulting in changes to the care plan in relation to falls management, restrictive practices and swallowing.
* The as required medication has been ceased and a new medication trialled which has been effective in improving the consumer’s sleep pattern.
* Reviewed falls prevention and personalised strategies are outlined in the care plan.
* Reviewed the Swallowing and dietary care plan. No further incidents have been recorded.
* Booked mandatory staff education relating to falls prevention and management, resident incident management system and serious incident management and restrictive practice management.
* The organisation’s Physiotherapy consultant has identified opportunity to improve and strengthen falls management systems and processes across the organisation.

I acknowledge the provider’s response to the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, high impact or high prevalence risks, specifically in relation to falls, restrictive practices and swallowing, were not effectively managed for one consumer.

In coming to my finding, I have considered strategies to minimise and/or mitigate Consumer A’s risk of falls were not effectively reviewed and/or new management strategies implemented. Additionally, while Consumer A sustained a fracture following a fall in June 2021, management strategies have not been further reviewed for effectiveness with the consumer experiencing further falls in the subsequent months.

In relation to restrictive practices, I have considered that while discussion relating to the requirement of a medication had been undertaken with the representative, there was no evidence formal consent or authorisation for the medication had been obtained or risks relating to the medication fully disclosed. I have also considered, behaviour management strategies were not reviewed and/or new strategies implemented despite care records indicating the management strategies in place were ineffective with the medication being administered on at least a daily basis for a 15 day period.

In relation to swallowing, I have considered that while the consumer had been identified as coughing following meals, additional management strategies had not been implemented or referral to specialist allied health services initiated. Additionally, I have considered the consumer was provided a food which was not in line with their documented dietary requirements which resulted in a choking episode and subsequent diagnosis of aspiration pneumonia.

For the reasons detailed above, I find Lakeside Hostel Pty Ltd, in relation to Aegis Parkview, Non-compliant with Requirement (3)(b) in Standard 3 Personal and clinical care.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources as part of the Assessment Contact and have recommended Requirement (3)(a) met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Lakeside Hostel Pty Ltd, in relation to Aegis Parkview, Compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service effectively demonstrated that there are sufficient staffing levels to provide safe and quality care.
* There are processes to ensure workforce levels are regularly reviewed to ensure consumers’ needs are met at all times and processes to manage staffing shortfalls.
* Most consumers and representatives sampled considered that consumers get quality care and services when they need them, staff support them as required, and call bells are answered without them having to wait too long.
* However, one consumer and their representative stated staff do not provide satisfactory care and believed this was due to there not being enough staff to support the consumer.
* Feedback from consumers, representatives and staff, observations made by the Assessment Team and documentation sampled support that the roster ensures the appropriate number of staff are appointed to meet the needs of consumers.
* There are processes to monitor call bell response times. Surveys are conducted with consumers where call bell response times exceed 10 minutes to identify issues of significance.

For the reasons detailed above, I find Lakeside Hostel Pty Ltd, in relation to Aegis Parkview, Compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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.

**Standard 3 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to:
* recognise changes to consumers’ health and well-being, including swallowing difficulties, implement appropriate management strategies and initiate referrals in a timely manner to Medical officers and/or allied health specialists;
* review and/or develop and implement appropriate behaviour management strategies and monitor effectiveness of strategies;
* implement non-pharmacological behaviour management strategies, ensuring chemical restraint is used as a last resort;
* identify changes to consumers’ personal and clinical care needs and implement appropriate monitoring processes and review and/or implement management strategies.
* Ensure policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks, including falls, restrictive practices and nutrition and hydration, including choking are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks, including falls, restrictive practices and nutrition and hydration, including choking.