Ainsley Nursing Home

Performance Report

23A-25 Grantham Street
BURWOOD NSW 2134
Phone number: 02 9744 8079

**Commission ID:** 2004

**Provider name:** Siva Kolunthu Pty Limited

**Assessment Contact - Site date:** 25 January 2022

**Date of Performance Report:** 9 March 2022

# Performance report prepared by

Gill Jones, 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)(a) | 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 staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 16 February 2022

# STANDARD 3 Personal 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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

Most consumers and their representatives said that they felt they received personal and clinical care that was tailored to their needs and optimises health and wellbeing. One representative said while they are happy with the care they have some concerns about their family member’s pain management.

Although feedback from consumers and representatives was mostly positive, the service did not demonstrate that each consumer gets safe and effective personal care, and clinical care that is best practice, tailored to their needs and which optimises their health and wellbeing. Monitoring of care through charting has been inconsistent and directives from medical officers have not always been transferred to care documentation. Issues were identified in relation to knowledge and implementation of restraint management.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

### 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 the service did not demonstrate that each consumer gets safe and effective personal care, and clinical care that is best practice, tailored to their needs and which optimises their health and wellbeing. Although feedback from consumers and representatives interviewed was mostly positive, care documentation reviewed demonstrated that pain and wound charting was not completed in accordance with the care plan directives for one consumer. Care planning and documentation for another consumer, following her return from hospital was inconsistent with directives provided by a medical officer and the care delivered by staff. For one consumer, behaviour charting demonstrated that they were no longer experiencing behaviours for which they were prescribed a chemical restraint. Fifteen consumers with a cognitive deficit, who were potentially subject to environmental restraint, did not have the required documentation in place to safely monitor and review the effects of the restraint. Service management did not recognise that the inability of consumers to leave the service without staff assistance could constitute restraint.

The response from the approved provider acknowledged the above deficits and they have taken actions to address. With regards to one consumer, the approved provider was able to demonstrate that her nutritional needs had been documented in her end of life plan dated 20 January 2022 however acknowledged that consistency in the documentation was problematic. The approved provider has conducted education for staff in resetting a care plan when a consumer moves into an end of life phase to prevent contraindications in care documentation. The approved provider acknowledged the assessment team’s findings regarding a consumer’s wound management and pain management and has requested review by the geriatrician and a medication review. In addition, this consumer’s care documentation has been updated to ensure congruency in care documentation and staff have received education in wound charting and pain management. The approved provider also acknowledged the assessment team’s findings regarding another consumer and has undertaken a review of their behaviour care plan and has requested a geriatrician review the use of chemical restraint. Lastly, the approved provider acknowledged that ambulant consumers living in the service were being environmentally restrained and has taken action to ensure the correct practices are in place. Staff and management are now being educated on what constitutes environmental restraint and the service’s policy reviewed to ensure it meets the current legislative requirements.

I find this requirement is not met.

# 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

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* All consumers indicated that there are sufficient staff to meet their needs.
* While most consumers said that staff are knowledgeable, kind and caring, one consumer felt they were not kind.

The service demonstrates that they are sufficient staff to enable the delivery and management of care and services. However, the service does not have a system to ensure that all staff have current police check clearance. The provider has responded to this and taken steps to rectify a software issues causing this issue.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## 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 found the service has sufficient staff to enable the delivery and management of care and services. However, the Assessment Team found the service does not have a system to ensure that all staff have current police check clearance. During the site visit ten staff did not have a current police check recorded. During the site visit all ten were contacted and five staff were able to produce a current police check.

The response from the approved provider acknowledged that five staff did not have a current police check on file and stated that the electronic matrix in use had incorrectly identified these staff as having a current police check. The approved provider is taking action to address this software issue.

I have considered evidence submitted by the service including information that there are approximately 57 staff employed by the service and only five did not have a current police check. Whilst this is concerning, I am satisfied that the approved provider is working to address this issue and has implemented a manual system in the meantime.

I have considered that all consumers indicated that there are sufficient staff to meet their needs and, therefore, I find this requirement is met.

# 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 staff are appropriately trained to deliver care that is evidence based, is tailored to the needs of consumers and optimises their health and well being.
* Ensure staff are aware of the legislative requirements with regard to restrictive practices and care provided is in accordance with these requirements.