Allawah Lodge

Performance Report

Cnr Mirrool St & Stinson Streets
COOLAMON NSW 2701
Phone number: 02 6927 3477

**Commission ID:** 0306

**Provider name:** Coolamon Shire Council

**Assessment Contact - Site date:** 20 August 2020

**Date of Performance Report:** 14 October 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)(b) | 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.
* the provider’s response to the Assessment Contact - Site report received 11 September 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

The Approved Provider has not demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer, including management of consumers with known risks upon return from hospital and in the management of risks associated with medications.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### 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 provided information that while the service has processes for identifying and responding to high impact or high prevalence risks associated with the care of consumers, these risks were not always managed effectively for the named consumers. The service did not demonstrate effective management of falls risk, catheter management, pain and pressure injury. The service did not demonstrate timely and appropriate escalation when care staff identified a change in consumer risk, or inappropriate management of high risk medications.

The Approved Provider provided a response that including clarifying information to the report as well as clinical records and care plan extracts, clinical assessments, training outline, photographs of notices/posters, representative correspondence, progress note extracts, medical correspondence, and extracts from a plan for continuous improvement. The Approved Provider does not agree with the recommendation of not met from the Assessment Team.

In relation to the named consumer with a care plan identified as not being reviewed since 2019, and not containing current care interventions for the consumer. The Approved Provider has identified that the care plan has been regularly updated as assessments have been completed. A copy of a bowel/urinary management plan was provided to evidence that strategies to manage use of a continence device was documented, however I note this was completed the afternoon of the Assessment Contact. The Approved Provider acknowledge that interventions related to behaviour management were not current on the care plan and has since updated this information and updated the continuous improvement plan to address that evaluation of interventions occur every time and that the Approved Provider has increased clinical oversight with an increase in registered nursing hours, with a fulltime registered nurse onsite from October 2020. In relation to pain assessment and management upon return from hospital, I was not persuaded by the Approved Provider response that there has been appropriate reassessment of consumers upon return to the service post hospital admission. It was not evident that a clinical review of a consumer is conducted in a timely manner upon return from hospital. I acknowledge that records indicate staff are completing exercises for this consumer as part of falls prevention.

In relation to the named consumer with management of a super pubic catheter. I note the management plan provided by the Approved Provider does include strategies to manage the catheter, however I note this was completed the day after the Assessment contact. I acknowledge the catheter is being changed as scheduled by the community nurse. I acknowledge the Approved Provider was aware of the consumers wounds, and these were being managed. I acknowledge staff have been reminded about the importance of accurate wound photography.

In relation to escalation of a change in consumers condition, the Approved Provider acknowledge there had been a breakdown in communication and has taken steps to improve this process, including reminding staff to use the handover process and to directly report concerns to the team leader or registered nurse. I acknowledge the consumer was receiving palliative care and as such weight recording had ceased.

I accept the information provided by the approved provider in relation to call bell times and staff knowledge of high impact risks to consumers.

The Assessment Team identified inappropriate management of a consumer’s schedule 8 medication patch, and confirmed through staff interviews that the practice was known to occur. Care staff who find a schedule 8 patch on the floor were instructed to reapply the patch to the consumer on their back and cover this with a wound dressing to affix the patch. Any schedule 8 patch found on the floor should not be reapplied to a consumer, a new patch should be administered. Staff should not cover a patch to affix it to a consumer, with taping only of the edges to affix the patch. If the patch does require covering, then a specific type of covering is to be used, and this was not the type used in this instance. The Approved Provider did not address this medication process in their response and there are no actions on the plan for continuous improvement to correct this practice.

I have considered the Assessment Teams report and the Approved Providers response and I find that the Approved Provider does not have Effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers are not clinically assessed in a timely manner upon return hospital and the consumers schedule 8 medications are not consistently managed appropriately.

I find this requirement non-compliant.

# 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.

* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer. Including but not limited to: Timely clinical review of consumers upon return from hospital and appropriate administration and management of schedule 8 medications.