Ashmore Retreat

Performance Report

19 Allunga Avenue   
ASHMORE QLD 4214  
Phone number: 07 5597 1344

**Commission ID:** 5276

**Provider name:** Shalimah Aust Pty Ltd

**Assessment Contact - Site date:** 9 September 2021 to 10 September 2021

**Date of Performance Report:** 13 October 2021

# Performance report prepared by

Nicole Grey, 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(d) | 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 1 October 2021
* other relevant information regarding the service held by the Commission.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

A decision of Non-compliance in one Requirement results in a decision for Non-compliance for the Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(e) Non-compliant

*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.*

While consumers and representatives confirmed they were involved in initial assessment and planning processes, they reported that the service did not consistently keep them updated when consumers’ needs changed or involved them in ongoing assessment and care planning processes.

Care plans were generally reviewed in accordance with the service’s policies, however, the service did not consistently identify risks for consumers. The Assessment Team identified instances where care plans for some consumers had not been updated following incidents or changes to circumstances.

Care plan documentation for one named consumer did not demonstrate the service had reviewed or updated information despite changes in their medication, pain and mood. Further to this, the service had not completed a behaviour support plan for the use of bed rails. Registered staff advised the pain management needs for another named consumer receiving end of life care had not received a recent pain review.

In relation to the named consumer with changes in medication, pain and mood, the approved provider in its response agreed that their care plan was not reflective of the consumer’s current condition at the time of the Assessment Contact. This has since been updated to reflect these changes and a behaviour support plan has been completed. Further to this, the approved provider advised, the service has reviewed the organisation’s pain management audit tool which will be completed every three months as part of the organisation’s quality and assurance program. A mandatory registered staff meeting was held 15 September 2021 and provided additional education in relation to the updating and review of consumer’s care plans.

Staff had a shared understanding in relation to the updating of care plan information however, registered staff acknowledeged care information for two named consumers who experienced changes in their clinical needs had not been updated. Behaviour support plans were not completed for consumers who were subject to restrictive practices in line with recent legislative changes implemented on 1 September 2021.

Management advised during the Assessment Contact, care information for several named consumers would be reviewed and updated in accordance with the organisation’s policies including in response to clinical changes and legislative requirements.

The approved provider in its response acknowledges the deficiencies identified by the Assessment Team in relation to the absence of behaviour support plans for consumers requiring restrictive practices and has implemented improvements to address these. These include, education for all registered staff, the development of monitoring tools including a newly developed auditing tool which will be completed every three months as part of the service’s quality and assurance program.

In relation to the named consumer requiring wound care, during the audit staff acknowledged a training need for wound charting. The approved provider said their wound management audit tool has been reviewed to ensure effectiveness.

The Assessment Team brought forward an example of a representative saying they were not involved in the care planning for a named consumer. The approved provider responded to say the representative interviewed by the Assessment Team was not the consumer’s enduring power of attorney, and provided evidence dating prior to the Assessment Contact that the enduring power of attorney was being contacted regularly regarding the consumer’s condition. Regarding this example, I consider that the approved provider’s actions were appropriate and do not consider that it is relevant evidence for determining non-compliance for this requirement.

I note the actions taken by the approved provider to address the concerns occurred after the date of the Assessment Contact. While I am satisfied that they have implemented actions to address the deficiencies identified by the Assessment Team, at the time of the Assessment Contact the approved provider was unable to demonstrate care and services we reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

Therefore, I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT 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

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

A decision of Non-compliance in one Requirement results in a decision for Non-compliance for the 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 identified that consumers who are not subject to restrictive practice are receiving safe and effective care. While some consumers’ care requirements were not reflected specifically in their care plans, there was sufficient documentation (including progress notes, handover sheets and charts) to demonstrate the service keeps records detailing the consumers’ medication, diagnoses and care needs. The care plan concerns are outlined at Requirement 2(3)(e).

Consumers provided positive comments about how staff meet their care needs, and staff demonstrated a shared understanding in relation to the individual care needs of consumers. The service had processes in place to monitor and evaluate care. For the areas of skin integrity and pain management, the Assessment Team found that care was tailored to consumers’ needs, documented and consistent with organisational procedures. Other health professionals were consulted when required. I am satisfied based on the information provided by the Assessment Team that, outside of the area of restrictive practice, the service is compliant with providing appropriate care for consumers.

In relation to restrictive practices, the service was unable to demonstrate a shared understanding of their legislated responsibilities in relation to behavioural support plans. While the organisation had policies in place in relation to restrictive practices, at the time of the Assessment Contact, the service was unable to demonstrate authorisations had been completed for some consumers subject to chemical restraint, behaviour support plans were not completed for thirteen consumers and regular reviews had not been completed for five consumers subjected to environmental restraint to determine the necessity in excess of twelve months. There was evidence to demonstrate that the service was actively working with consumers and medical officers to minimise or cease the use of restraint.

Management’s response to the risk based questions asked by the Assessment Team in relation to the number of consumers at the service subject to chemical restraint, was inconsistent with information recorded in the service’s psychotropic register. While the service monitored the use of psychotropic medications, they were unable to demonstrate this process was effective as evidenced by the service’s lack of awareness in relation to four consumers identified in the register deemed to be chemically restrained.

The approved provider in its response has supplied evidence to demonstrate that regular restraint reviews have occurred for some consumers. During the Assessment Contact the service contacted relevant consumer’s medical officers to ensure authorisations for the use of chemical restraint were completed. They acknowledged the findings in relation to consumers who had not received periodic restrictive practice reviews, and have implemented practices to address this. Consumers subject to restrictive practice have now had behaviour support plans implemented. The approved provider has updated policies and delivered staff training to address the Assessment Team’s findings. Further to this, registered staff received additional education in relation to psychotropic medications including their clinical indications for use.

I acknowledge the improvement actions implemented by the approved provider to address the Assessment Team’s findings however, at the time of the Assessment Contact the service was unable to demonstrate each consumer received safe and effective care in relation to restricitive practices which was best practice and tailored to their individual needs. I consider the approved provider requires time to demonstrate the sustainability and effectiveness of the improvements implemented in response to the Assessment Team’s finidings.

Therefore, I find this Requirement is Non-compliant.

### Requirement 3(3)(b) Compliant

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

### Requirement 3(3)(g) 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.*

# 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 did not assess all requirements of this Standard and therefore an overall summary 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.*

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

# 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.

* The service must ensure care plans are updated when circumstances change or incidents occur, to reflect the needs, goals and preferences of the consumer.
* The service must ensure each consumer is receiving safe and effective clinical care that optimises their health and well-being. This includes that restrictive practices are appropriately assessed, documented and reviewed for effectiveness, consistent with legislative requirements.