Balaklava Millcourt Homes

Performance Report

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**Commission ID:** 6063

**Provider name:** Balaklava Mill Court Homes Inc

**Assessment Contact - Site date:** 6 January 2021 to 7 January 2021

**Date of Performance Report:** 19 April 2021

# 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)(b) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | 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 Approved Provider’s response to the Assessment Contact - Site report received 5 February 2021.

# 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 Quality Standard is assessed as Non-compliant as three of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team assessed Requirements (3)(a), (3)(b) and (3)(g) in this Standard, all other Requirements in this Standard were not assessed.

The Assessment Team have recommended Requirements (3)(a), (3)(b) and (3)(g) in this Standard as not met because the service was unable to demonstrate each consumer receives safe and effective personal care or clinical care that is best practice, tailored to their needs or optimises their health and well-being; effective management of high impact or high prevalence risks associated with the care of each consumer; and staff practices were not effective in minimising infection related risks. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response I find Balaklava Millcourt Homes Inc, in relation to Balaklava Millcourt Homes, to be Non-compliant with Requirements (3)(a), (3)(b) and (3)(g) in this Standard. I have provided reasons for my findings in the respective Requirements below.

### 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 was unable to demonstrate that each consumer receives safe and effective personal care and clinical care that is best practice, tailored to their needs or optimises their health and well-being. The Assessment Team provided the following information and evidence relevant to my finding:

* While most consumers indicated they receive personal care and clinical which is safe and right for them, two consumers indicated they are not supported with continence care which is tailored to their needs.
* Staff interviewed indicated one consumer’s (Consumer A) continence aid irritates the consumer’s skin and causes pain, and while this has been reported to senior clinical staff for two months, there has been no reassessment or change of continence aid. The consumer confirmed they will often remove the continence aid due to pain.
* One consumer (Consumer B) indicated long waiting periods for staff assistance causes their continence aid to overflow and cause discomfort.
* A consumer’s (Consumer C) pain following a fall was not effectively assessed, monitored or managed, with progress notes indicating signs and symptoms of pain were not adequately assessed or addressed.
* A consumer’s (Consumer D) time sensitive medication is not always administered as prescribed to support effective management of a chronic condition. The consumer confirmed they mostly receive their medication at the correct time but there are times this does not occur.
* Changes in Consumer D’s vital observations were not appropriately responded to or further monitoring undertaken following the identified variance in a vital observation.
* Staff interviewed indicated Consumer A is self-administering a medication which they have not been assessed to ensure the consumer can safely administer the medication.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to the Aged Care Quality Standards, including highlighting significant staffing changes, including key personnel, in the months preceding the Assessment Contact. The Approved Provider’s response includes further information about the consumers identified in the Assessment Team’s report and a plan for continuous improvement. Further information and actions related to this Requirement include (but are not limited to):

* Consumer A has been assessed as using the appropropriate continence aid, but the consumer is non-compliant with the appropriate use of that aid. The consumer’s red skin is related to the upper inner thigh and does not extend into the groin area. Additionally, this rash was reviewed by the medical officer and was found to be a bacterial skin infection.
* Consumer A has been authorised by the medical officer and relevant specialist to self-administer one medication.
* Consumer B and their representative were consulted following the Assessment Contact and identified a cause of the continence overflow was due to social outings. Additional continence aids have now been allocated.
* Consumer C was already prescribed regular pain relief preceding the fall, the consumer was reviewed by the medical officer regularly following the fall and instructed current pain relief and ‘as required’ pain relief be used. The Approved Provider acknowledged the consumer’s walking most likely exacerbated the pain, but massage was being used to relieve pain where possible.
* Consumer D’s medication chart reflected a missed signature rather than an omission of medication administration and was confirmed by the night shift audit of medication charts and systems. Additionally, Consumer D has fluctuating blood pressure which leads to falls risk, but the call bell is left with the consumer to use and staff remind and reinforce compliance to use it with Consumer D.
* The plan for continuous improvement indicates audits are to be implemented which are responsive to the deficiencies identified and includes the development of a clinical governance framework. It also includes an action to improve staff compliance with medication management processes.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s improvements to rectify the deficiencies identified by the Assessment Team and additional information provided in relation to consumers identified in the Assessment Team’s report. However, I find at the time of the Assessment Contact, the service had not ensured each consumer received safe and effective clinical or personal care. In coming to my finding, I have considered two consumers’ continence needs were not adequately assessed or managed prior to the Assessment Contact which has caused the consumers to experience negative impacts to their comfort and care. While the Approved Provider asserts Consumer A is non-compliant with the appropriate use of the continence aid, in coming to my finding I have relied upon interviews with the consumer and staff who indicate the continence aid is causing the consumer discomfort and has been for several months. I have also considered that the consumer was not diagnosed with a bacterial infection until three weeks after the Assessment Contact. However, I do acknowledge that Consumer A was appropriately assessed to safely self-administer one medication.

I have also considered that while pain management strategies were being implemented for Consumer C following a fall, these strategies were part of the routine pain management regime for the consumer prior to the fall. I find staff did not adequately respond to signs and symptoms that the consumer may have been experiencing pain which required interventions outside of the usual pain management regime.

While I acknowledge the service has a process to ensure medications have been administered through a daily audit, it is not clear that this process has identified that either a medication administration omission or a medication chart signature omission has occurred. I have also considered that Consumer D was not adequately monitored following a variance to their vital observations.

For the reasons detailed above, I find the service has not ensured each consumer has been provided with personal care or clinical care which is tailored to their needs or optimises their health and well-being. I find Balaklava Millcourt Homes Inc, in relation to Balaklava Millcourt Homes, to be Non-compliant with Standard 3 Requirement (3)(a).

### 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 found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided the following information and evidence relevant to my finding:

* A consumer’s (Consumer D) risk of fall was not effectively managed and the consumer sustained a fall which resulted in significant injury. The consumer’s mobility was not reassessed following their return from hospital, considering the consumer had sustained an injury limiting the use of a limb.
* A consumer’s (Consumer E) mobility and falls risk was not effectively reassessed following a fall where the consumer sustained injuries to their skin.
* A consumer’s (Consumer B) care plan and staff interviewed confirmed behavioural management strategies as directed by a specialist behavioural service have not been included in the plan of care.
* A restraint assessment for a consumer (Consumer A) who utilises equipment for safety which physically restrains them did not include discussion in relation to associated risks with the consumer and/or representative or medical officer.
* A consumer (Consumer C) is being administered medication which constitutes chemical restraint without appropriate authorisation, regular review or trialling of alternatives to the medication prior to administration. The consumer’s representative indicated the service has not been able to manage the consumer’s care and have required external assistance.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to the Aged Care Quality Standards, including highlighting significant staffing changes, including key personnel, in the months preceding the Assessment Contact. The Approved Provider’s response includes further information about the consumers identified in the Assessment Team’s report and a plan for continuous improvement. Further information and actions related to this Requirement include (but are not limited to):

* Consumer D has fluctuating blood pressure which leads to falls risk, but the call bell is left with the consumer to use and staff remind and reinforce compliance to use it.
* Consumer E has a history of falls and these are associated with their independence and choice to mobilise without their walking aid. Consumer E has access to a call bell at all times and is monitored and encouraged by staff to use the call bell.
* Consumer B has been supported to manage behavioural responses by having social visits outside of the service. Previous practices to manage behavioural responses, such as being confined and restricted to their room were an initial response to COVID-19 and ceased a long time prior to the Assessment Contact.
* Since the Assessment Contact Consumer A has had the risks associated with the use of safety equipment which constitutes physical restraint, discussed with them and documented.
* Consumer C’s medication regime which includes medications which constitute chemical restraint have been made in accordance with specialist recommendations and assessments, which have been discussed with family.
* The plan for continuous improvement indicates an improvement relating to identification, monitoring and response to incidents.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s improvements to rectify the deficiencies identified by the Assessment Team and additional information provided in relation to consumers identified in the Assessment Team’s report. However, I find at the time of the Assessment Contact, the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. In coming to my finding, I have considered that the Approved Provider has acknowledged Consumer D and E’s risk of falls and state the consumers have access to their call bells. However, I find these consumers, who both have histories of falls with injuries, did not have their mobility needs effectively reassessed following the incidents to identify risks associated with mobilising to ensure appropriate falls prevention strategies were implemented.

I have also considered that the service had ceased behavioural management strategies impeding Consumer B’s free movement prior to the Assessment Contact, however, have relied upon staff interviews to find the service has not formally used external specialist recommendations to support effective behavioural management.

In relation to the use of physical and chemical restraint, I find the service has been using both restraints without effectively considering or informing relevant parties of the risks associated with these practices, and sufficiently ensuring that all other alternatives to restraint have been trialled and exhausted prior to restraint use.

For the reasons detailed above, I find the service has not effectively managed high impact or high prevalence risks associated with the care of each consumer. I find Balaklava Millcourt Homes Inc, in relation to Balaklava Millcourt Homes, to be Non-compliant with Standard 3 Requirement (3)(b).

### 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 found the service was unable to demonstrate staff practices support effective minimisation of infection related risks through the implementation of standard and transmission-based precautions to prevent and control infection. The Assessment Team provided the following information and evidence relevant to my finding:

* During the two-day Assessment Contact, the Assessment Team observed most staff to not conduct appropriate hand hygiene between care tasks.
* Clinical and care staff interviewed were unable to describe the correct procedure for using personal protective equipment (PPE) for a consumer who was isolating due to a potential infection. Three care staff indicated they had not attended training in relation to using PPE.
* Staff were unable to describe practices used to support antimicrobial stewardship and while clinical data is collected in relation to infections, the service was unable to demonstrate how this is used to minimise antibiotic usage.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to the Aged Care Quality Standards. The Approved Provider’s response includes further information about the consumers identified in the Assessment Team’s report and a plan for continuous improvement. Further information and actions related to this Requirement include (but are not limited to):

* Staff completed education relating to antimicrobial stewardship in May 2020, with the antimicrobial stewardship policy approved and a program and framework being developed. Staff education and engagement is ongoing.
* Review staff understanding and knowledge of infection outbreak management and establish an infection control leadership position within the service.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Assessment Contact, the service was unable to demonstrate staff practices supported the minimisation of infection related risk through standard and transmission-based precautions or that practices are used to support antimicrobial stewardship are effectively implemented. In coming to my finding, I have considered most staff observed during the Assessment Contact did not adhere to standard infection control practices of hand hygiene during day-to-day care and tasks, with staff unable to demonstrate knowledge relating to effective PPE usage for a consumer who was isolating within the service. I have also considered that while the service has an antimicrobial stewardship policy, associated procedures and practices to support this policy were not formally established to support this policy prior to the Assessment Contact.

For the reasons detailed above, I find Balaklava Millcourt Homes Inc, in relation to Balaklava Millcourt Homes, to be Non-compliant with Standard 3 Requirement (3)(g).

# STANDARD 7 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as one of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(a) in this Standard, all other Requirements in this Standard were not assessed.

The Assessment Team have recommended Requirement (3)(a) in this Standard as not met because the service was unable to demonstrate the workforce has sufficient numbers or mix of members of the workforce to deliver and manage safe and quality care and services. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response I find Balaklava Millcourt Homes Inc, in relation to Balaklava Millcourt Homes, to be Non-compliant with Requirement (3)(a) in this Standard. I have provided reasons for my findings in the respective Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 was unable to demonstrate the workforce has sufficient numbers or mix of members of the workforce to deliver and manage safe and quality care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Three of four consumers/representatives interviewed are not satisfied there are enough staff numbers to provide care or services in accordance with consumers’ needs. Impacts to consumers include consumers feeling unsafe or uncomfortable at night due to staff being busy and two consumers not having their continence needs met.
* Seven of eight clinical and care staff interviewed reported they did not have enough time to provide care or complete their designated duties in a timely manner. Staff reported impacts include rushing or delays with tasks, such as assisting consumers with meals, meeting toileting and continence needs, providing appropriate clinical follow-up post incidents and an inability to sufficiently supervise consumers.
* Key management positions are currently being filled by acting contract staff and acting management confirmed there is insufficient time to monitor staff practices closely and undertake all other aspects of the role. Registered nursing staff are not available across all shifts and the acting manager is required to be the out-of-hours contact to respond to incidents.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to the Aged Care Quality Standards. The Approved Provider’s response includes further information about the consumers identified in the Assessment Team’s report and a plan for continuous improvement. Further information and actions related to this Requirement include (but are not limited to):

* Call bell data for the consumers who have not had their continence needs met indicate call bells are responded to in a timely manner.
* Roster changes were made to increase the amount of time for direct care delivery prior to the Assessment Contact.
* Changes to the clinical roster has enabled greater oversight of clinical care.
* Significant staffing changes have occurred due to termination of employees and long-term staff taking extended leave which has caused disruption to the continuity of operations. Staff, consumers and representatives have been advised of key personnel changes. A recruitment agency has been engaged to support recruitment of permanent key personnel.
* Advertising and recruitment of two registered nurses has been completed to increase regular registered nursing hours. An additional appointment of a registered nurse to lead a project to identify deficiencies and develop appropriate care plans are in progress.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Assessment Contact, staffing levels and skill mix did not support the delivery of safe and effective care and services. In coming to my finding, I have considered that while call bell response time data supports that call bells are answered in a timely manner, I have placed weight on feedback from consumers, representatives and staff. Feedback indicates consumers were not receiving sufficient support with their care and services. I have also considered negative outcomes for consumers in Standard 3 Personal care and clinical care.

For the reasons detailed above, I find Balaklava Millcourt Homes Inc, in relation to Balaklava Millcourt Homes, to be Non-compliant with Standard 7 Requirement (3)(a).

# STANDARD 8 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as one of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(d) in this Standard, all other Requirements in this Standard were not assessed.

The Assessment Team have recommended Requirement (3)(d) in this Standard as not met because the service was unable to demonstrate effective risk management systems and practices relating to managing high impact or high prevalence risks associated with care of consumers or identifying and responding to abuse and neglect of consumers. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response I find Balaklava Millcourt Homes Inc, in relation to Balaklava Millcourt Homes, to be Non-compliant with Requirement (3)(d) in this Standard. I have provided reasons for my findings in the respective Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-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.*

The Assessment Team found the service was unable to demonstrate effective risk management systems and practices relating to managing high impact or high prevalence risks associated with care of consumers or identifying and responding to abuse and neglect of consumers. The Assessment Team provided the following information and evidence relevant to my finding:

* Several consumers have not had risks associated with their care effectively managed as outlined in Standard 3 Requirement (3)(b).
* Staff interviewed reported that an incident involving a consumer was not correctly reported and omitted information relating to suspicions and/or allegations of physical assault toward a consumer by previous staff. The acting management team acted upon the information provided by the Assessment Team relating to the allegation of assault.
* Clinical and care staff were unable to describe the process for reporting allegations or suspicions of assault, including not being able to describe circumstances which constitute unreasonable use of force, a type of reportable assault.
* The service did not demonstrate a consolidated log for compulsory reporting of allegations or suspicions of consumer assault or to record incidents of missing consumers.
* The organisation does not have a documented risk management framework.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to the Aged Care Quality Standards. The Approved Provider’s response includes further information about the consumers identified in the Assessment Team’s report and a plan for continuous improvement. Further information and actions related to this Requirement include (but are not limited to):

* Elder abuse training occurred in December 2019 and October 2020, however, elder abuse, missing persons and compulsory reporting training was scheduled to occur in January 2021.
* High impact and high prevalence risks associated with consumers’ care have been discussed at staff meetings and is a priority in relation daily clinical and care practices.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Assessment Contact, the service did not have a risk management framework to effectively guide staff practices. I have considered that staff practices have not supported the effective management of high impact or high prevalence risks associated with the care of consumers, including falls and restraint management. I have also considered staff were unaware how to appropriately respond to an incident of suspected abuse.

For the reasons detailed above, I find Balaklava Millcourt Homes Inc, in relation to Balaklava Millcourt Homes, to be Non-compliant with Standard 8 Requirement (3)(d).

# 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 has a plan for continuous improvement to address the deficiencies identified by the Assessment Team. The service should seek to ensure the following:

* In relation to Standard 3 Requirements (3)(a), (3)(b) and (3)(g):
  + Ensure consumers receive care which is tailored their needs and optimises their health and well-being, including continence care, having medications administered in a timely manner and ensuring changes to vital observations are monitored.
  + Ensure high impact or high prevalence risks associated with consumers’ care are identified and strategies implemented, including in relation to falls and restraint management.
  + Ensure staff practices adhere to routine standard and transmission-based precautions, including monitoring of staff practices when additional precautions are implemented.
  + Ensure practices and procedures support the effective implementation of the organisation’s antimicrobial stewardship policy.
* In relation to Standard 7 Requirement (3)(a):
  + Ensure there are sufficient staff to meet consumers’ needs, including having the appropropriate mix of staff skills. Seek to understand consumer experience in relation to staffing levels and skill mix.
* In relation to Standard 8 Requirement (3)(d):
  + Ensure the service has a risk management framework which supports effective staff practices associated with high impact or high prevalence risks associated with the care of consumers and identifies and responds to abuse and neglect of consumers.