Bangalor Retreat

Performance Report

27 Stott Street   
TWEED HEADS WEST NSW 2485  
Phone number: 07 5599 9803

**Commission ID:** 0604

**Provider name:** Temahl (AUST) Pty Ltd

**Assessment Contact - Site date:** 24 November 2020 to 25 November 2020

**Date of Performance Report:** 23 December 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-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) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 provider’s response to the Assessment Contact - Site report received 18 December 2020
* the Infection Control Monitoring Checklist completed during the Assessment Contact.

# 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 specific to Standard 2 therefore a summary statement has not been provided.

The Quality Standard is assessed as Non-compliant as two requirements specific to Standard 2 have been found Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

Consumers interviewed by the Assessment Team were satisfied with assessment and planning processes.

The Assessment Team found assessments and care plans for permanent consumers at the service were generally individualised and contained information relative to the risks to each consumer’s health and well-being. Care documentation included information relating to mobility, behaviour management, skin integrity, continence care, dietary requirements and pain management.

However, the Assessment Team found that for some consumers who are receiving short term care (respite), assessment and planning processes were incomplete. Assessments, including risk assessments had not been consistently completed and care plans did not include sufficient detail, for example in relation to mobility, falls, skin and wound care requirements, to inform the delivery of care and services.

Staff could describe how they access assessment and care planning information for permanent consumers however advised that in the absence of care plans for those consumers receiving short term care, they rely on handover, team meetings, and electronic alerts.

Management advised the Assessment Team there are policies that address the assessment and planning processes and that these are consistent for both permanent and short term care consumers. They acknowledged that these policies had not been adhered to and advised the Assessment Team that this would be addressed to ensure assessment and care planning for short term care consumers was in accordance with policy.

The approved provider’s response states that the service has implemented processes to support assessment and care planning for all consumers on entry to the service, including those receiving short term care. The response states assessment and care planning for short term care consumers has commenced and all now have an interim care plan to guide staff in care and service delivery.

While I acknowledge the actions taken by the approved provider, at the time of the Assessment Contact, the service was unable to demonstrate that assessment and planning that informs the delivery of safe and effective care and services, including consideration of risks for consumers admitted to the service for short term care (respite) had been completed.

For the reasons detailed, I find this requirement is Non-compliant.

### 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.*

The Assessment Team found that for most consumers, care and services were generally being reviewed.

Through a review of clinical documentation and interviews with consumers, the Assessment Team identified examples where pain management, wound care, medication management and skin integrity had been reviewed following an incident or a change in care needs.

Staff were familiar with incident reporting mechanisms and how this may inform a need for reassessment.

However, in addition to information the Assessment Team brought forward under this requirement, I have considered additional evidence brought forward under other requirements in Standard 2 and Standard 3. I am concerned that for those consumers who were receiving short term care, assessment and care planning was not consistently occurring and the service could not demonstrate that a review of care was completed following an incident.

The Assessment Team found that one consumer who was receiving short term care was identified as being at high risk of falls. While the consumer had experienced a number of falls in the four weeks following their entry to the service, the consumer’s care needs in relation to falls risk and mobility had not been initially assessed on entry to the service, nor had their care needs been reviewed following these incidents.

The approved provider in its response states that education is planned for staff and that assessment and care planning for short term care consumers has commenced. While I acknowledge these actions, at the time of the Assessment Contact, care and services for consumers receiving short term care were not being consistently reviewed following fall related incidents.

For the reasons detailed, 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 specific to Standard 3 therefore a summary statement has not been provided.

The Quality Standard is assessed as Non-compliant as four requirements specific to this Standard 3 are Non-compliant.

### 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 generally received positive feedback from consumers’ representatives about the care and services provided to consumers and how this supports the consumers’ health and well-being.

The Assessment Team reviewed care documentation and found some examples of care that optimised the consumer’s health and well-being including in relation to the management of blood glucose levels, pain, wound care and skin integrity.

Staff generally demonstrated individual knowledge of consumers’ needs and preferences and could describe how they promote the consumers’ comfort, provide emotional support, optimise skin integrity and address pain management needs. Clinical staff were available to support and guide care delivery and referrals were made to allied health professionals.

However, while some aspects of personal care and clinical care were being managed appropriately, the service does not have effective processes to ensure care provided is consistently safe, effective, tailored to the individual and informed by best practice.

The Assessment Team found that assessment and care planning documentation for short term care consumers was incomplete; care plans had not been developed to guide care delivery. Registered nurses advised the Assessment Team that assessment and care planning for short term care consumers is not consistently occurring. Care staff said that while information about short term care consumers is communicated through handover processes and team discussions, they said they do not have access to care plans for these consumers.

Further, at the time of the Assessment Contact, management and staff did not have a shared understanding of psychotropic usage or the use of restrictive practices at the service. At the commencement of the Assessment Contact, the Assessment Team were advised there were no consumers prescribed chemical restraint. However, senior clinical staff reviewed the use of psychotropic medication during the Assessment Contact and found a significant number of consumers were prescribed chemical restraint and required authorisation for this to be administered. The Assessment Team reviewed documentation relating to restraint authorisation and identified there were no authorisations for the use of chemical restraint in place.

Registered staff and care staff advised they have not received training in relation to restraint management and management said staff did not have an understanding of restraint minimisation and the requirement to trial alternative strategies prior to the use of restraint. Clinical documentation reviewed by the Assessment Team identified that ‘as required’ psychotropic medication had been used to manage behaviours associated with anxiety without evidence of alternatives that had been trialled.

The Assessment Team reviewed clinical documentation including restraint authorisations and identified inconsistencies in the management of restraint, for example:

* Restraint authorisations were inaccurate and did not consistently reflect the types of restrictive practices that were in use.
* Consumers’ current needs were not reflected, and restraint authorisations were in place for consumers who staff reported were not being restrained.
* Authorisations were not signed by consumer representatives in a timely manner and in one instance the Assessment Team identified the representative signed the authorisation for the use of restraint approximately one month after the trial of the restrictive practice commenced.

Management commenced a review of psychotropic medication usage during the Assessment Contact and said they would undertake further training for staff in relation to psychotropic medications and restrictive practices.

The approved provider’s response states actions are being implemented to improve assessment and planning processes for consumers, including those receiving short term care.

The approved provider acknowledges that improvement is required in relation to the management of restraint. The service is adopting policies to minimise the use of restraint and further education in relation to the use of restraint is being planned for staff in January 2021. A medication advisory committee meeting was scheduled for December 2020 to discuss psychotropic medication and how to minimise use in aged care consumers.

The approved provider is engaged in discussions with the administrator of the electronic clinical information program to assist in ensuring information about restraint is accurately reflected in assessment and care planning documentation.

I acknowledge the actions taken by the approved provider, however at the time of the Assessment Contact, the service was unable to demonstrate that clinical care is best practice and tailored to the needs of the individual.

For the reasons detailed this requirement is Non-compliant.

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

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

The service could not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers receiving short term care did not have high impact and high prevalence risks consistently identified, assessed or documented to minimise potential harm to these consumers.

The Assessment Team reviewed clinical documentation for short term care consumers; including for consumers with medical conditions placing them at risk and identified that risk assessments had not been consistently completed. Where the assessment process had commenced, assessments were found to be incomplete. Risks including those relating to skin integrity, falls, wound care, behaviours, and ability to reside safely within an environment where there is access to balconies, had not been routinely assessed and strategies to manage these risks had not been developed. For example, for a consumer who experienced a number of falls soon after entering the service, there were no assessments and/ or care planning documents to guide staff in minimising falls. For a consumer with cognitive impairment there were no assessments in place to ensure they were safe living in an environment where they had access to a balcony.

Staff did not demonstrate a shared understanding of the risks to the safety, health and well-being of each consumer, particularly those receiving short term care.

Senior clinical staff advised the Assessment Team that they had identified deficiencies in the identification and management of high impact, high prevalence risks. They said risk assessment and care plans for short term care consumers had not been completed in accordance with the organisation’s policies.

The approved provider’s response states that a checklist to guide the entry process has been developed and evidence of this was provided. Key risks to consumers are to be identified and assessed on the day of entry to the service. Education for staff on the assessment and planning process is planned to occur in January 2021.

Increased monitoring and review of the entry process is being completed by senior nursing staff to ensure assessment and care planning is occurring, including the identification and minimisation of risks.

I acknowledge the actions taken by the approved provider, however at the time of the Assessment Contact, the service was unable to demonstrate that high impact and high prevalence risks for consumers were being consistently identified and addressed.

For the reasons detailed, this requirement is Non-compliant.

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

Care plans and associated documentation do not accurately reflect consumers’ current care needs, particularly for those consumers who are receiving short term care.

The Assessment Team found that while the organisation has a policy relating to assessment and care planning processes, this has not been adhered to and care plans were not in place to guide care delivery for some consumers receiving short term care. For these consumers, risks to consumers had not been identified and assessments and care plans were incomplete or absent. As a result, documented information was not available to guide staff in the delivery of care and services that meets consumers’ needs and preferences.

Registered staff did not have a shared understanding of how to ensure information about the assessed needs and preferences of consumers receiving short term care is documented and communicated. Registered staff confirmed that in some instances care plans had not been developed.

Management staff advised the Assessment Team they had previously identified deficiencies in relation to care planning processes for consumers receiving short term care. They stated that action will be taken to address these deficiencies including reviewing the entry process for consumers and providing relevant education to staff.

The approved provider’s response states that the organisation is in discussion with the administrator of the electronic clinical information program to ensure that consumer information is accurate and current. A checklist has been introduced to support the entry process. Staff are being provided with additional information in relation to assessment and care planning and there is increased supervision of this process by senior registered nursing staff.

While I acknowledge the actions taken by the approved provider, at the time of the Assessment Contact, current and accurate information about the consumers’ condition, needs and preferences was not being consistently documented and communicated within the service.

For the reasons detailed, this requirement is Non-compliant.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

Most consumers and representatives were satisfied consumers have access to medical officers and other allied health professionals when a need is identified. Consumers and representatives provided examples of instances where referrals had been made to allied health specialists including physiotherapists, speech pathologist, and mental health specialists. The Assessment Team confirmed through their review of clinical documentation that referrals are being made and recommendations implemented.

Organisational guidelines are provided regarding referral processes. Registered staff said referrals are made in consultation with consumers, representatives, health professionals and medical officers. Staff were able to describe when consumers are referred to medical officers and allied health professionals and how the outcomes of the visits are shared with staff to ensure any changes in care and services are understood and implemented.

For the reasons detailed this requirement is Compliant.

### 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 service did not have an Outbreak Management Plan specific to COVID-19, and management and staff did not have a shared understanding of the actions they would take in the event of a potential outbreak of COVID-19 at the service.

Registered staff stated they were not confident of the actions they should take when consumers returned from social leave or a period of hospitalisation. They said they were not sure if consumers were required to isolate or if they could move throughout the service on their return to the service. While the service has policies relating to infection control and anti-microbial stewardship, management and staff did not have a shared understanding of how staff could readily access this information.

Consumers and representatives advised the Assessment Team they had received conflicting information from staff about infection control protocols to be adopted by consumers and their representatives when returning from an outing or from a period of hospitalisation. Confusion related to the use of face masks, whether or not consumers were required to isolate in their rooms and whether or not visitors were permitted to enter the service.

The Assessment Team observed outbreak kits in place at the service and noted the kits did not contain information, directions or signage relevant to COVID-19. Personal protective equipment including face shields or goggles were not included in the kits.

Management were not able to demonstrate the service had sufficient supplies of personal protective equipment in the event of a COVID-19 outbreak. The Assessment Team noted that there were no supplies of face shields, goggles, long sleeve aprons, waste receptacles, hand sanitiser and sanitising wipes in the main areas where personal protective equipment was stored. Minimal amounts of disposable gloves were held on site.

The Assessment Team observed that communal areas such as the nurses’ stations and medication rooms, where equipment was shared, did not have sanitising wipes to facilitate the cleaning of equipment such as trolleys and telephones. Density signage was limited and signage about cough and sneeze etiquette and the requirements to sanitise shared equipment were not in place.

In addition to the lack of planning and preparedness for a potential outbreak of COVID-19, the Assessment Team found deficiencies in practices relating to medication storage and management. For example:

* Eye drops did not have an opened date or a discard date recorded and staff advised the Assessment Team they were administering eye drops that were not dated.
* One consumer was being administered supplements that had expired three months earlier.
* Medications that had expired approximately two years ago were stored in the medication trolley; staff could not confirm if these were in use.

The approved provider’s response states that the outbreak management plan is being reviewed and specific guidance in relation to COVID-19 is now included. A ‘draft’ outbreak management plan was included in the response. This information together with policies and resources relevant to infection control and anti-microbial stewardship have been placed in areas that are accessible to staff. Staff education relevant to this requirement is being planned.

The outbreak kits have been replenished, supplies have been ordered and signage has been increased throughout the service. Sanitising wipes and sanitiser are in place.

With respect to medication practices, clinical staff have been provided with information about the requirements to ensure medication is within date. Regular audits of medication storage practices are planned to occur on a regular basis and the Medication Advisory Committee meetings have recommenced in December 2020.

While I acknowledge the actions taken by the approved provider, at the time of the Assessment Contact the service was not minimising infection-related risks.

For the reasons detailed, this requirement is Non-compliant.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team did not assess all requirements specific to Standard 5 therefore a summary statement has not been provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team observed furniture, fittings and equipment in consumer and staff areas of the service was clean, well maintained and suitable for its purpose. All furniture that was identified as not being fit for purpose, damaged or worn has been removed from communal and consumer areas. Flyscreens that were identified as needing replacement have been replaced and secured. All verandah areas and outdoor communal areas were observed to be clean and free of leaf litter.

Consumers had access to the equipment they needed to meet their needs and confirmed they feel that furniture, fittings and equipment are safe, clean, well maintained and suitable for them.

Staff said they have enough equipment to meet the needs of consumers. Cleaning staff advised they follow a schedule for cleaning and have enough time to perform their role.

Staff could explain how they report any equipment maintenance issues.

Maintenance staff described how equipment such as the call bell system is regularly serviced and tested by an external contractor. A review of the maintenance register identified scheduled preventative maintenance, which includes equipment maintenance has been completed.

For the reasons detailed, this requirement is Compliant.

# 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 specific to Standard 7 therefore a summary statement has not been 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 reviewed the service’s plan for continuous improvement and identified the service has acted to address deficiencies previously identified in relation to staffing. Actions include increased registered nurse hours; the introduction of an electronic medication system to improve efficiency and a recruitment process to facilitate employment of staff and continuity of care.

Care staff said they have sufficient time to complete their duties each day and confirmed vacant shifts are filled. They said staffing numbers increase when consumer numbers increase.

Management advised staffing and staff skill mix is based on the number of consumers and their care needs. They said the service had experienced a large turnover in staff in July 2020, resulting in an increased of agency staff. However, since that time, a recruitment program has been completed and more staff have been employed resulting in a decrease in the use of agency staff.

Management advised a lifestyle officer provides activities in the secure unit five days a week and vacant shifts are replaced.

The Assessment Team found the service operates from a base roster and staffing allocations identify the number of staff and location where staff are required to work each shift.

The Assessment Team observed staff to be attending consumer’s daily routines without rushing and taking time to talk to consumers and representatives as required.

For the reasons detailed, this requirement is 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.

* 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 for all consumers, including those receiving short term care.
* Care and services are to be reviewed when circumstances change and when incidents such as falls impact on the consumers’ needs.
* Each consumer gets safe and effective personal care, clinical care or both personal and clinical care, particularly in relation to the use of psychotropics and restraint management.
* The risks related to the personal and clinical care of each consumer are to be identified and effectively managed with the organisation applying measures to minimise the risk as much as possible.
* Information about consumers’ needs and preferences, including those receiving short term care are to be documented and communicated within the organisation.
* The service is to minimise infection related risks with a focus on implementing processes to plan and prepare for a potential outbreak of COVID-19.