Bedingfeld Lodge

Performance Report

4 Bedingfeld Road
PINJARRA WA 6208
Phone number: 08 9531 1622

**Commission ID:** 7057

**Provider name:** Bedingfeld Park Inc

**Assessment Contact - Site date:** 2 February 2022

**Date of Performance Report:** 10 March 2022

# Performance report prepared by

Janine Renna, 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 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(e) | Non-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 did not submit a response to the Assessment Contact - Site report.

# STANDARD 8 NON-COMPLIANTOrganisational 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 assessed Requirement (3)(e) in Standard 8 Organisational governance as part of the Assessment Contact. No other Requirements in this Standard were assessed at the Assessment Contact.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(e) in this Standard. Initially, the Assessment Team attended the service to conduct an infection control monitoring visit and as risks were identified, the visit was changed to an Assessment Contact to assess the service’s performance of Requirement (3)(e).

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service non‑compliant with Requirement (3)(e) in Standard 8 Organisational governance. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Non-compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team attended site to conduct an infection control monitoring visit and identified policies and procedures did not support the Quality Standards, specifically in relation to wound management, antimicrobial stewardship, infection prevention and control (IPC), minimisation of restraint and open disclosure. Due to the level of risk associated with the issues identified, the visit was amended to an assessment of performance in relation to Requirement (3)(e) in Standard 8 Organisational governance.

Based on evidence collected at the Assessment Contact, the Assessment Team was not satisfied the organisation’s clinical governance framework ensured accountability for safe and effective care and services, and regulatory changes in relation to antimicrobial stewardship and minimisation of restraint have been understood and applied. The Assessment Team provided the following evidence relevant to my finding:

* The organisation’s wound care policy does not require staff to measure or photograph pressure injuries.
	+ Documentation demonstrated one consumer’s stage two pressure injury was measured upon identification, however, photographs were not taken and a description of the appearance of the wound and surrounding skin was not recorded. No further measurements were taken of the wound until 11 days after identification, where the consumer’s wound had deteriorated to a stage three.
	+ Management reported there is no procedural requirement for staff to measure or photograph wounds.
* The organisation does not have policies or procedures in relation to antimicrobial stewardship.
	+ The organisation has an IPC lead to oversee antimicrobial stewardship. The IPC lead was unable to demonstrate effective management of respiratory infections, as documentation indicated no swabs or tests were completed prior to administering antibiotics.
	+ The service has not appointed a proxy for the IPC role in the event of the IPC lead being unavailable.
	+ Five of seven staff were unable to explain what antimicrobial stewardship meant or what relevance it had to their work.
* The organisation does not have a coronavirus (COVID-19) outbreak management plan and five of seven staff were unable to articulate what they would do in the event of an outbreak.
* The organisation has a restrictive practices consent form, however, it does not include the diagnosis or indication, reasons for the restraint, discussion of risks associated with the use of restraint, nor does it demonstrate regulatory obligations as required under the *Quality of Care Principles 2014* have been met. For example:
	+ The restrictive practices consent form for one consumer who is subject to chemical restraint does not document when and how the medication is to be administered, alternative strategies to trial prior to administration, discussions with the consumer or their representative about side effects or risks associated with the medication, and actions required in the event of dosage changes or cessation of the medication.
	+ The consumer has a behaviour support plan, however, it is not congruent with their consent form.
	+ Management agreed the restrictive practices consent form is not in line with best practice, consumer dignity and choice and current legislation.
	+ Four of seven staff were unable to explain restraint minimisation, including their responsibilities in relation to restrictive practices.
* The organisation does not have a policy to guide staff in relation to open disclosure and there is no information regarding open disclosure in the Resident handbook. Five of seven staff could not demonstrate an understanding of open disclosure.

The provider did not submit a response to the Assessment Team’s report.

I have considered information and evidence in the Assessment Team’s report which demonstrates at the time of the Assessment Contact, the organisation’s clinical governance framework was inadequate and did not ensure care and services delivered to consumers is safe and effective.

In coming to my finding, I have considered that policies and procedures were not in place to guide and support staff practice in relation to wound care, antimicrobial stewardship, IPC and open disclosure.

I have considered that while the organisation has policies and procedures in relation to minimisation of restraint, they did not provide sufficient guidance to staff to ensure the service’s regulatory obligations under the *Quality of Care Principles 2014* are being met and that care provided is safe for the consumer.

Based on the information summarised above, I find the service non-compliant with Standard 8 Organisational governance.

# 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 policies, procedures and guidelines are in place in relation to wound care, antimicrobial stewardship and open disclosure.
* Implement a COVID-19 outbreak management plan.
* Review the organisation’s minimisation of restraint policy and restrictive practices consent form to ensure it aligns with the requirements of the *Quality of Care Principles 2014*.
* Ensure policies, procedures, guidelines and COVID-19 outbreak management plan are effectively communicated, understood and followed by staff.