Benetas Colton Close

Performance Report

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**Commission ID:** 4324

**Provider name:** Anglican Aged Care Services Group

**Assessment Contact - Site date:** 7 July 2021

**Date of Performance Report:** 26 July 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

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers |  |
| Requirement 2(3)(a) | Compliant |
| Standard 3 Personal care and clinical care |  |
| Requirement 3(3)(a) | Compliant |
| Standard 4 Services and supports for daily living |  |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Standard 7 Human resources |  |
| Requirement 7(3)(a) | Compliant |
| Standard 8 Organisational governance |  |
| Requirement 8(3)(e) | 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.

# STANDARD 2 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 in their report described the improvements made by the service in regard to the deficits detected on the Site Audit conducted 2 February 2021 to 3 February 2021 in relation to this requirement.

The service has ensured improvements have been made in the areas restrictive practices, skin integrity, diabetes management and pain management.

Staff have been provided with education to ensure they are equipped to provide best practice care improve their knowledge of risk. Education records viewed confirm staff completion of education on restrictive practices, psychotropic medications and use of interventions prior to administering medications, documentation requirements for PRN use, nutrition and wound care, pressure area care and pain management documentation requirements.

Restrictive Practices

An observational audit was conducted on consumers to identify whether they were subject to restrictive practices and if so whether a correct assessment had been conducted. The following measures have now been put in place:-

* all bed mobility aids are to be assessed and reviewed by a physiotherapist or occupational therapist
* staff to be given training on any new equipment to be used by consumers
* review of restrictive practices is now part of the formal ‘resident of the day’ ROD process and the three-monthly care consultation process
* psychotropic medications have been identified and consumer details entered on the service’s self-assessment for psychotropic medication use. All consumers prescribed psychotropic medications have current restrictive practice/restraint assessments in place which reflect conversations regarding risks and consent from the consumer/representative documented.

Skin Integrity

Skin integrity assessments and risk ratings have been completed for all consumers identified as having wounds. All pressure area interventions are included on handover sheets and all refusals by consumers for pressure care have been recorded.

Wounds are charted and photographs taken and if required updates are made to skin assessments. Referral to wound specialists are made.

Diabetes Management

All consumers with diabetes now reflect consistent monitoring occurs. When blood glucose levels are not in range staff have rechecked them in line with medical directives.

Consumer/representative feedback in relation to care and how they are involved in assessments, care planning and risks associated with care was positive. They were able to describe how staff trial other interventions prior to using medication for behaviours and pain management. Representatives expressed satisfaction with how assessments are completed and changes discussed with the family.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

# STANDARD 3 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

Improvements have been made by the service in regard to the deficits detected on the Site Audit conducted 2 February 2021 to 3 February 2021 in relation to this requirement.

These include in the areas of restrictive practices, skin integrity, diabetes management and pain management. Education records confirm staff have been provided with additional education on best practice relating to psychotropics and restrictive practices, pain management and skin integrity since February 2021.

Audit of all medication charts has been completed and all psychotropic medications identified and consumer details entered on the service’s self-assessment for psychotropic medication use. All consumers prescribed psychotropic medications have current restrictive practice/restraint assessments in place which reflect conversations regarding risks and consent from the consumer/representative documented.

A review of the documentation by the Assessment Team found that individualised care interventions are in place for consumers, pressure area wounds are being prevented and identified in a timely manner.

Restraint and restrictive practices have been reviewed and consumers receiving psychotropic medications have been reviewed and appropriate restrictive practice/restraint documentation has been completed for consumers. Audits to identify consumers on not known to be on restraint have been conducted.

The service has reviewed its practices in relation to wound care and psychotropic medications and diabetes management to align with best practice policies and procedures included in the organisations suite of polices.

Pain management strategies for consumers include identification of history of pain and interventions including non-pharmacological interventions are individualised and tailored to consumer’s needs. Staff were able to describe how they identify episodes of pain and interventions they provide to minimise pain before administration of analgesics.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The service demonstrated it supports consumers to maintain social relationships. The service improved on activities offered to the consumer resulting in increasing participation and support to do the things that interest them. The Assessment Team observed consumers engaging in activities throughout the day.

Consumers and representatives interviewed in relation to activities indicated activities have improved over the past few months. More activities are available, and consumers feel much more supported to engage in the things that interest them and gave examples of activities they enjoyed such as the coffee sessions and the piano activities.

Gardening and walking groups have been established and will recommence at the end of winter. However, doors to the garden are open and accessible by all consumers.

Staff document when consumers participate or refuse to engage in activities. One on one interactions are now undertaken with identified consumers between the hours of 4.00 pm and 6.00 pm. Activities are planned on a two weekly schedule rather than monthly and take into account what has been enjoyed by the consumers. Each wing at the service has separate and combined activities relevant to consumers' interests and capabilities.

A review of the lifestyle survey results by the Assessment Team completed in March 2021 showed of the 25 consumers who completed the survey, most consumers indicated:

* are encouraged by staff to participate.
* receive a copy of the activity schedule.
* are interested in the activities offered by the service.

Consumers indicated that they are satisfied with meals and snacks provided being of suitable quality and quantity. Staff prepare meals and snacks on-site from a rotating seasonal menu and consumers are provided with additional snacks throughout the day. A food safety program is in place, dietary needs and cultural and religious preferences are catered for, and nutritional supplements are provided as required.

A food focus group is in place to obtain feedback from consumers. Catering staff also attend the dining rooms during lunch and engage with consumers to obtain feedback on taste and quality. Catering staff observe the presentation of meals and food wastage to identify which meals are not consumed.

The Assessment Team observed the kitchen is clean and tidy. Staff were observed practising general food safety and work health and safety protocols.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

# 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

Improvements have been made in areas where there were deficits discovered in the Site Audit of 2 February 2021 to 3 February 2021.

Although consumers and representatives gave mixed feedback in relation to staffing numbers and timely response to call bells, the Assessment Team did not find any deficits in these areas. Staff were observed to be responding promptly to call bells and providing timely assistance to consumers.

Roster changes implemented by the service in April 2021 have increased staffing numbers during busy periods each day. Staff are now rostered to work in a dedicated area of the service in order to provide consistency and additional lifestyle staff have been added leading to more activities being run.

11 additional casual staff were recruited to establish an adequate pool of staff to cover unplanned vacancies due to sick leave. Vacant shifts are now consistently filled by staff within the service and agency staff are only used as a backup, so as to best provide continuity of care for consumers.

The Assessment Team reviewed two compliments received from representatives of consumers at the service. The compliments note the caring nature of staff and how the dedicated staffing model introduced with the rostering changes provided a notable improvement to the care provided.

Not all requirements were assessed and therefore an overall rating 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

In the Site Audit of 2 February 2021 to 3 February 2021 deficits were found in relation to the policies and procedures for monitoring and management of restrictive practices.

The governance framework includes clinical care. There are processes in place to manage antimicrobial stewardship, minimise the use of restraint and open disclosure.

The organisation provided:

* a documented clinical governance framework
* a policy relating to antimicrobial stewardship
* a policy relating to minimising the use of restraint
* an open disclosure policy.

Staff have received education in relation to these policies and were able to describe how to put them in practice. Clinical staff discussed how they monitor consumers for signs of infection, obtain samples for pathology in consultation with general practitioners and review results to ensure where antibiotics are prescribed, these are consistent with the sensitivities identified in pathology reports. Staff described how they minimise risk of infection by trying preventative measures such as encouraging fluid intake to prevent urinary tract infections.

Staff were able to explain how the use of restrictive practice aligns with the policies and procedures in relation to minimisation of use. Clinical staff described that restraint was used as a last resort and only with informed consent from representatives and in consultation with a general practitioner or geriatrician. The form of restraint is intended to be temporary and monitored and reviewed for effectiveness. Infection registers are maintained and resolution of infections documented.

The service implemented the following improvements as a result of the deficits identified during the Site audit of 2 February 2021 to 3 February 2021.

* restraint authorisation documentation is in place and restraint is monitored and evaluated for efficacy.
* consent forms from authorised representatives were now in place for all consumers on chemical restraint.
* restrictive practices policies and procedures are being reviewed at an organisational level to include interventions, monitoring and risk assessments where bed poles are used. Bed poles are not currently used at the service.
* adherence to the principle of open disclosure is followed closely by all staff at the service, in relation to both incidents and complaints.
* the service has provided information on appropriate antibiotic prescribing to the visiting general practitioners.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) 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.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.