Bentleys Aged Care

Performance Report

47 Harpin Street
EAST BENDIGO VIC 3550
Phone number: 03 5444 4050

**Commission ID:** 3987

**Provider name:** Violet Town Bush Nursing Centre Inc

**Assessment Contact - Site date:** 30 March 2021

**Date of Performance Report:** 03 May 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | 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 20 April 2021
* Directions Notice issued 03 February 2021
* Plan for Continuous Improvement received 16 February 2021

# STANDARD 2 NON-COMPLIANTOngoing 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Representatives considered that they feel like partners in the ongoing assessment of their consumer and care planning processes and risks are discussed.

The Assessment Team found the service could not provide evidence that improvements in relation to this Standard had been fully implemented since the site audit in November 2020.

A decision of Non-Compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 2

### 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.*

The service could not demonstrate that assessment and care planning is completed for all consumer’s goals, needs and preferences.

Education and training in relation to documentation of wound care, catheter care, falls and diabetes has not been completed by all relevant staff as per the Direction’s Notice issued on 3 February 2021. Staff have not been advised of the recently developed catheter flowchart.

The service is not able to demonstrate assessment and care planning is considered to inform the delivery of safe consumer care. There was no evidence assessments and care plans were completed/updated for a consumer on return to the service post hospital, to inform and guide staff with care directives. This was acknowledged by the Clinical Care Coordinator and Facility Manager as a gap in their process.

Two consumers did not have all wound care documentation completed to guide effective care. There were still gaps in wound management with wound assessments, care plans and current wound photos with measurements missing from some files. Gaps identified during audits were not followed up with staff responsible and training not always provided. Only chronic wound audits were conducted.

Not all staff have received training as required in the Direction’s notice. This relates to one registered nurse and six night duty personal care staff. The service’s plan for continuous improvement (February 2021) referenced staff to undertake an e-learning module regarding catheter management however, management said this has not been completed and have added this to their action plan.

The service’s response provides information on an action plan that has been put in place to improve the gaps in this requirement. This includes ensuring education is provided to all staff as required; having an admission process checklist for all consumers assessments and care planning is considered to inform the delivery of safe consumer care; implementing a ’Return from Hospital’ process; ensuring staff are given full training in the use of the Manad electronic information system including the Reports Module and Care Documents analysis for better wound management. Quality Coordinator to inform all staff with Manad message of new and updated policy, processes and flow charts including where to find them in the Reference Tab in Manad electronic system.

An update to the Manad system will be implemented which allows for a wound assessment and care plan to be generated for both acute and chronic wounds.

Based on all of the information available I find the service is non-compliant with this requirement but can see they have taken measures to improve their processes by implementing a Plan for Continuous Improvement.

# STANDARD 3 NON-COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers did consider that they receive personal care and clinical care that is safe and right for them. There was effective management of high impact or high prevalence risks for sampled consumers. Clinical records demonstrate post falls management is undertaken according to the services’ protocols including neurological observations with prevention strategies reviewed accordingly.

The Assessment Team found the service could not provide evidence that all improvements in relation to this Standard had been fully implemented since the site audit in November 2020. Assessment and care planning are not undertaken for all consumers that is tailored to their needs to optimise health and well-being. The delivery of care is not always guided by assessments and care plans. Wound care is not always documented in relevant wound care plans to guide staff practice.

A decision of Non-Compliant in one or more requirements results in a decision of Non-Compliant for the Quality 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 service was unable to demonstrate that each consumer receives safe and effective care in relation to wound management, urinary catheter care and subcutaneous cannula. Review of the clinical documentation identified care is not always tailored to consumers’ needs, to optimise health and wellbeing. Best practice is not always followed in line with the services policies. Interviews with staff and management demonstrated knowledge of consumers care requirements, however, management acknowledged documentation was incomplete for sampled consumers and was not in accordance with the services’ policy.

### There is no information informing the required frequency of wound care on the wound care plan or chart for one consumer. Descriptions and sizes of wounds were not recorded consistently, however some photos were taken. Wound dressing was performed inconsistently despite wound care guidance being provided on a handover sheet.

There was no assessment and care plan information to guide staff on the use of one consumers long-term in-dwelling catheter and subcutaneous cannula. Although staff could describe the care provided, documentation of this was not always evident.

Consumers on a form of chemical restraint were not identified by the service as being on restraint.

The response from the approved provider acknowledged there were some flaws in their processes including the management of wound care. They have put in place a plan for continuous improvement in the following areas:

* Education of nursing and care staff in urinary catheter care;
* A wound care link nurse to be appointed to undertake training and then provide further training to staff;
* Ensure staff are notified of new policies and procedures via the Manad system;
* Facility Manager and Clinical Care Coordinator will ensure chemical restraint policy and process is understood and followed;

Based on all of the information provided I find the service is not compliant with this requirement but acknowledge the work they have put into their Plans for Continuous Improvement.

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

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

Whilst the service has been found compliant in this requirement they have committed to updating their Falls Management Flow chart and process to include physiotherapy review. Staff will also be provided with self-directed learning on the new process.

# 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.

### Requirement 2(3)(a)

*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.*

* Ensure assessment and care planning is completed for all consumer’s goals, needs and preferences.
* Education and training in relation to documentation of wound care, catheter care, falls and diabetes must be completed by all relevant staff as per the Direction’s Notice issued on 3 February 2021.
* Ensure all areas of Action Plan from Unannounced visit 30 March 2021 as per the response documents are implemented by their due date.

### Requirement 3(3)(a)

*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.*
* Ensure consumers receive best practice documented and consistent wound care that is reviewed regularly.
* Education to all care staff in the use of and documentation in the electronic system using the competency developed which includes-
	+ Wound documentation
	+ Diabetes
	+ Falls
	+ Catheter care
* Ensure all areas of Action Plan from Unannounced visit 30 March 2021 as per the response documents are implemented by their due date.