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 - Desk date:** 18 November 2021

**Date of Performance Report:** 14 December 2021

# Performance report prepared by

Daniela Fekonja, 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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 - Desk; the Assessment Contact - Desk report was informed by a desk assessment, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Desk report received 08 December 2021.

# 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 service was previously found non-compliant under this Quality Standard at the last Assessment Contact as the service was unable to show assessments and care planning was completed for all consumers, including their goals, needs, and preferences. Consumers’ risks were not consistently identified and assessed, and evidence of post-hospitalization review was not available.

The focus of this desk assessment was to assess the service's progress in returning to full compliance with the Quality Standards.

#### Care documentation shows care planning includes relevant assessments and identifies relevant risks. New consumers are appropriately assessed using an admission checklist. Changes in condition or consumers returning from the hospital are assessed to ensure care needs reflect current conditions.

Care plans were individualized and specific to the risks to each consumer's health and well-being. Representatives describe how nursing staff assess the risk to consumers and identify their care needs to ensure that care is safe and meets the consumer’s needs.

The Quality Standard does not have an overall compliance finding as only one of the five specific requirements have been assessed during this desk assessment.

## 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 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 service was previously found non-compliant under this Quality Standard at the last Assessment Contact as the service was unable to show that each consumer receives safe and effective care in areas including wound management, urinary catheter, and subcutaneous cannula. Consumers on restrictive practice were not always identified by the service as being on restraint.

The service did not demonstrate that each consumer receives safe and effective personal care, clinical care that is best practice, tailored to their needs, or optimises their health and well-being. The service demonstrated that clinical documentation on their systems has improved however processes are not always followed ensuring safe and effective care for the consumer.

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 Assessment Team found that risk identification remains inconsistent, and consumer care is not always provided as assessed or as directed in their care plans. Some areas have seen improvement from the last assessment, in relation to urinary catheter and subcutaneous cannula management.

There were still gaps in wound care including one case where it was not documented that a wound dressing had been changed at the appropriate time., Progress notes documented that the wound had deteriorated, however, there was no documented evidence on why there was a two-day delay in changing the dressing or that any follow up had taken place.

Palliative care documentation for one consumer was not signed by the medical practitioner for one consumer, yet palliative interventions were already in place.

One consumer who was supposed to be under neurological observation due to a fall was given the maximum daily dose of psychotropic medication. The service acknowledges this was in part due to an unclear medication order. The service also acknowledges that staff does not have a thorough understanding of what constitutes chemical restraint and Restrictive Practices in general.

Medications were being transcribed by staff onto medication signing sheets which were in breach of the medication policy.

The approved provider in their response listed a number of improvements that are to be implemented. These include:

* Palliative Care - End of Life process to be updated to ensure the form is signed by the medical practitioner within 24 hours or the next day.
* Daily clinical care checklist to be generated to ensure documentation completion compliance.
* System upgrade to electronic care system including ongoing training for staff.
* Falls Management process to include information advising staff not to administer a chemical restraint following a fall.
* All staff to receive education in relation to Restrictive Practices.
* Ensuring staff have clear medication orders in place and will introduce an electronic medication system that aligns with the current care system to improve medication management.

Based on all of the information provided I find the service was not compliant with this requirement at the time of the assessment but acknowledge the work they have already undertaken in relation to continuous improvement.

# 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 3(3)(a)

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

*(i) is best practice; and*

1. *is tailored to their needs; and*
2. *optimises their health and well-being.*

* Ensure staff receive education about Restrictive Practices and specifically in relation to Chemical Restraint.
* Ensure staff are aware not to give psychotropic medications to a consumer who is under neurological observation following a fall.
* The Palliative Care/End-of Life Process is to be updated to ensure that assessment, documentation, and end-of-life care are timely and reflects the consumer’s current care needs.
* Ensure wound care is undertaken as required in the clinical care documentation and recorded accurately in the consumer’s notes.
* Ensure electronic systems are updated as per the action plan and staff are trained in its use.