Blue Care Arundel Woodlands Lodge Aged Care Facility

Performance Report

29 Melbourne Road   
ARUNDEL QLD 4214  
Phone number: 07 5509 9200

**Commission ID:** 5226

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Assessment Contact - Site date:** 8 July 2020

**Date of Performance Report:** 10 August 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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 29 July 2020.

# STANDARD 2 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

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.

Care planning documents and schedules identified consumers’ needs, goals and preferences and staff demonstrated an awareness of what is important to consumers regarding provision of their services. Consumers’ involvement is evident in their documentation as was the input from next of kin/Advocate and other organisations, such as medical officers and allied health professionals.

Assessments of the use of restraint were inconsistent with the organisation’s policy and do not demonstrate assessment in partnership with the consumer and others, I have considered this information alongside the Approved provider’s response to the Assessment contact and it is my decision to consider this information in relation to my decision for Standard 3 Requirement (3) (a).

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The Assessment Team recommended this Requirement as not met due to the lack of evidence to support assessments for the requirements of restraint had been made in partnership with the consumers and others. Through a review of the Assessment Team’s findings and the Approved provider’s response, I have come to a different decision regarding this Requirement.

The Approved provider has processes to involve consumers and others in an ongoing partnership in the assessment, planning and review of consumers’ care and services. Review of care planning documentation identified that consultation occurs in relation to various aspects of care and service assessment. Documents, including assessments, progress notes and case conference records detail the presence of health professionals and other organisations and conversations with consumers and/or their representatives.

Consumers and/or their representatives are satisfied with the level of consultation in relation to assessment and planning. While the Assessment Team identified this process has not extended to the authorisation and consent to restraints, it is my decision the Approved provider has established processes in relation to the partnership of consumers and others in assessment and planning, and information relating to consent and review of restraints is relevant to Standard 3 Requirement (3) (a). It is therefore, my decision this Requirement is compliant.

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) 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.*

# 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

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 Assessment Team also examined relevant documents.

Consumers are satisfied they receive personal care and clinical care that is safe and right for them. Consumers and representatives said the consumer gets the care they need and that they feel safe. Consumers and representatives gave various examples of how staff ensure the care provided to consumers was right for them. This included regularly asking them about their care and the way it is delivered and through involving consumers and representatives in discussions regarding alternative care options available.

Consumers and representatives confirm the consumer is referred to their Medical officer or other health professional to meet their changing personal or clinical care needs. Consumers and representatives are referred promptly, and they are satisfied with the care delivered by those they have been referred to.

Staff described the ways they ensure care is best practice, how the service provides opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation. Staff are aware of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

However, in relation to the management of restraint, documentation does not support best practice guidelines have been followed in relation to the assessment, consent and review of restraints. Staff do not have shared understanding what constitutes restraint and the risks involved with restraint practices.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as 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 Approved provider does not demonstrate that the use of restraint is best practice, that risks associated with the use of restraints have been explained to the consumer and/or their representative. Documentation related to restraints does not consistently contain the required authorisations and staff do not have a shared understanding of the use of restraint.

The Assessment Team identified consumers who are restrained, either chemically, physically or environmentally, documentation and interviews with consumers and/or their representatives does not demonstrate that the risks associated with restraint have been discussed to ensure informed consent is obtained prior to the application of the restraint.

The Approved provider has a ‘risk and restraint’ policy and procedure. The policy includes definitions of physical, chemical and environmental restraint. The policy requires the signature of the consumer or consumer representative on the restraint assessment to signify informed consent, however assessments for the use of both environmental restraint and chemical restraint have not been signed.

The Assessment Team identified for one named consumer who was observed to have their bed placed against a wall, as a falls reduction strategy, the Approved provider was not aware of this practice and staff had not recognised this as a form of restraint. Assessment, authorisation and monitoring of this type of restraint had not occurred. The Approved provider in its response identified this practice was to facilitate the consumer’s ability to watch the television and their room has been rearranged and the bed is no longer paced against a wall.

For the consumers who are authorised chemical restraint, their care planning documents contained information including: Medical officers’ prescription with the reason why the restraint was required, and regular restraint usage monitoring and evaluation by Medical officers and registered nurses. However, the Assessment Team identified three consumers, and/or their representatives could not recall discussions held with the Approved provider whereby consent for the use of the restraint was discussed.

The Approved provider in its response to the Assessment Team’s finding took immediate steps to rectify deficits identified in relation to restraint management. These actions have included:

* Education delivered to the leadership team regarding restraint minimisation processes
* All staff have been provided with the Approved provider’s restraint minimisation information sheet
* Face to face training of all staff including allied health staff in relation to restraint management
* All consumers requiring restraint have been reviewed and appropriate assessment, consent, reason for the restraint and authorisations have been confirmed
* Consumers’ representatives have been contacted and case conferencing appointments have been scheduled for consumers requiring environmental restraint
* All consumers and consumer representatives have been provided with documentation relating to the minimisation of restraints, this has also been communicated in the monthly newsletter
* Review of all consumers prescribed psychotropic medication has occurred to clarify the number of consumers requiring chemical restraint.
* The entry package and checklist for new consumers has been revised to include the restraint minimisation information sheet to ensure conversations are held relating to restraints for consumers on entry to the service.
* Care review processes have been revised to include restraint management
* A monitoring tool has been developed to record and monitor the completion of restraint authorisations and consent.

To evaluate the implementation of the above processes a checklist has been developed and completed 27 July 2020 which confirms the above actions have been implemented. An audit relating to behaviour management and restraint management is scheduled to be completed 7 September 2020, to confirm actions completed and the effectiveness actions implemented.

While I acknowledge the immediate and planned actions by the Approved provider in relation to deficits in restraint management identified by the Assessment Team, these actions were not in place at the time of the Assessment contact and therefore, it is my decision this Requirement is non-compliant.

I also acknowledge the Assessment Team did not identify any other deficits in relation to the provision of personal and clinical care.

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

### Requirement 3(3)(g) 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.*

# 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.

* Restraint management processes are required to be in line with relevant legislation including the Quality of Care Amendment (Minimising the use of Restraints) Principles 2019.

The Approved provider in its response to the Assessment Team’s findings have created an Action plan to address the non-compliance in Standard 3 Requirement (3) (a), these actions need to be implemented and evaluated to ensure compliance with the Quality Standards.