Brentwood Nursing Home

Performance Report

299 LaTrobe Terrace
GEELONG VIC 3220
Phone number: 03 5221 5733

**Commission ID:** 4026

**Provider name:** Opeka Lodge Pty Ltd

**Assessment Contact - Site date:** 15 July 2021

**Date of Performance Report:** 13 September 2021

# 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

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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 |
| **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
* the provider’s response to the Assessment Contact - Site report received 10 August 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

The Quality Standard is assessed as Non-compliant as the specific requirement assessed is Non-compliant.

## Assessment of Standard 2 Requirements

### 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 Assessment team reviewed the assessment and planning information used by staff to support the delivery of care for consumers and found inconsistent and conflicting information. The approved provider’s response outlines that the service has implemented a number of actions to support staff to accurately record relevant information so that information is accessible and up to date, however, the majority of these activities occurred following the Assessment team’s visit. While acknowledging the service has recently introduced an electronic care management system, it is evident staff are not using its functionality and/or have not met the responsibilities of their roles to record the information required to inform the delivery of best practice care to consumers.

I acknowledge and agree with the approved provider’s statement that a number of items the Assessment Team noted as ‘not being on the service’s handover sheet’ are not required to be recorded on a handover sheet.

Based on the evidence available, at the time of assessment contact, staff did not have access to accurate records on which to base the effective care.

# 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

The Quality Standard is assessed as Non-compliant as one of the two 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 Assessment Team found the service did not comply with this Requirement.

In relation to Requirement 3(3)(a) the Assessment Team found deficits in care in relation to skin integrity and the use of restraint. I have also considered the evidence in relation to behaviour management noted throughout the Assessment Team’s report.

I have found the approved provider has not complied with Requirement 3(3)(a)

In relation to skin integrity, while record keeping has room for improvement, I am satisfied that wounds are being identified and are being resolved and/or escalated for further clinical advice.

In considering the evidence in relation to behaviour management, the Assessment Team noted issues relating to staff’s understanding of the principles related to behaviour management and monitoring of restrictive practices. Management at the service said they have been refining the system and providing education to clinical staff, however, self-identified there is still training required in this area to ensure staff have a firm understanding of restrictive practices.

The Assessment Team found the level of monitoring which is occurring does not reflect the additional risks associated with the administration of psychotropic medication.

The approved provider submitted additional documentation in relation to behaviour management. The documentation includes an example of the agreed care and services plan. The plan does not contain tailored information relevant to the consumer and does not reflect evidence collected in the behaviour chart for the same consumer. Triggers for the displayed behaviour are noted as ‘various.’ Multiple behavioural incidences of a similar nature, which impact the wellbeing of another consumer in the service continue to occur without evidence of alternative strategies being trialled.

It is unclear from the Anti-Psychotic/Psychotropic Medication Monitoring Assessment submitted by the service, how monitoring is tailored to the individual consumer, for example what aspects of the consumer’s well-being is be monitored as a result of the administration of the anti-psychotic medication, such as their increased risk of falling, loss of appetite or reduced alertness.

A care plan evaluation submitted by the approved provider contains limited information on what evidence was considered by the registered nurse in the evaluation of a consumer subject to chemical restraint and how their clinical judgement that the restraint for that consumer is being minimised, and more generally how other aspects of care and services are effective.

The Assessment Team found following a reportable incident, which was reported to the Serious Incident Response Scheme consumers involved did not receive a timely medical review. The service’s response states that general practitioners do not attend the service after hours or on weekends. It is unclear why a locum medical service was not called.

Based on the evidence available, I am not satisfied that the service has demonstrated a best practice approach to behaviour management. The service does not comply with this Requirement.

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

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

The Assessment Team found management of high impact and high prevalence risks associated with the care of each consumer is generally effective. Overall, consumers and representatives said they feel safe and risks related to their care are managed well.

I am satisfied that the deficits in care previously identified in relation to falls and diabetes management have been addressed.

Based on the evidence available, at the time of assessment contact, the service complied with this Requirement.

# 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

The Quality Standard does not have a compliance finding as only one of the five requirements was assessed at this assessment contact.

## 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.*

A clinical governance framework is in place and guides the provision of clinical care provided. The framework is supported by policies including those around antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and could describe how they guide clinical care. Management has recently conducted a detailed review and update of their practices and processes around the use of restrictive practices.

The Assessment Team found some gaps in the service’s process for ensuring informed consent for the use of some medications. I am satisfied, on review of the approved provider’s response that they have a mechanism for obtaining consent at a governance level. I note that the service has not clearly demonstrated some aspects of consent and I have considered these in Standard 3(3)(a).

I am satisfied that the approved provider has addressed the deficits previously identified in this Requirement. I also acknowledge the significant work undertaken to review of the use of psychotropic medication at the service and evidence of ongoing efforts to reduce its use.

Based on all the available evidence the service complies with this Requirement.

# 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 assessment and planning occurs and accurate, relevant and timely information from these processes is available to staff and others to inform best practice care and services.
* Support each staff member to understand their accountabilities for demonstrating clinical care is delivered in accordance with the consumer’s needs.
* Establish a monitoring process to identify and address deficits in how clinical information is recorded.
* Provide education to staff on restrictive practices.
* Establish monitoring processes to ensure care reflects best practice in relation to restraint with a focus on behaviour management and chemical restraint.
* In line with recent legislative requirements include a Behaviour Support Plan in the existing Care and Services Plan for all care recipients.
* For consumers who are prescribed anti-psychotic medications, establish processes to demonstrate that regular monitoring for signs of distress or harm, side effects, interactions and adverse events, changes in wellbeing, as well as independent functions or ability to undertake meaningful activities of daily living and leisure is occurring.
* Ensure risk system include monitoring of levels of chemical restraint and polypharmacy and relevant and timely information is provided to medical practitioners and specialists to minimise use and deprescribe where possible.
* Ensure planned and unplanned evaluations of care demonstrate what information has been considered in undertaking the evaluation and how the evidence available has informed the clinical judgement that care is effective.
* In instances where the service itself is obtaining informed consent for any aspect of care, maintain a record of what specific information on benefits and risks, tailored to the consumer’s specific medical circumstances has been provided to the person providing consent.