Carramar Hostel

Performance Report

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**Commission ID:** 5135

**Provider name:** NoosaCare Inc

**Assessment Contact - Site date:** 29 July 2020

**Date of Performance Report:** 25 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 Approved provider’s response to the Assessment Contact - Site report received 17 August 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 Approved provider 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.

Consumers feel like partners in the ongoing assessment and planning of their care and services. Consumers/representatives are involved in the initial and ongoing planning of the consumer’s care. Consumers/representatives have ready access to the consumer’s care and services plan if they wish. Consumers/representatives confirmed the Approved provider seeks input from Medical officers, other health professionals and family to inform the consumer’s care and services.

The Assessment Team reviewed assessment and care planning documentation for consumers and identified that reviews are being completed regularly and in conjunction with the consumer/representative.

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.*

### 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/representatives receive clinical and personal care that is safe and right for them. Consumers/representatives confirmed that consumers get the care they need, and it supports the consumer’s health and well-being.

Consumers/representatives confirmed the service supports them to understand and make informed decisions about personal and clinical care to meet the consumer’s needs and preferences. Consumers/representatives confirmed that consumers have access to a Medical officer or other health professionals when this is required, and said the referral occurs promptly.

The Approved provider has policies, procedures and other written resources and training material about best practice care delivery to guide staff. Information guides staff in engaging with consumers, Medical officers and other health professionals in assessment and care planning processes, use of validated assessment tools and management of identified risks to optimise consumer health and wellbeing.

Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

While staff could identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice, the Approved provider could not demonstrate that it understands restraint and the requirements of assessment, authorisation and monitoring the use of chemical and physical restraint.

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 personal and clinical care delivery is best practice to optimises each consumer’s health and well-being, in relation to the identification of physical and chemical restraint.

The Assessment Team identified for one named consumer a consultative decision was made to accommodate the consumer in a secure suite within the secure unit. The suite has an adjoining lounge area and private patio, with access to a garden, however access for the consumer to leave the suite is on request or via interactions with staff. While restraint authorisations have been completed to support this accommodation, care planning directives do not identify the restrictive accommodation arrangements or provide details to guide staff on the application, release and monitoring requirements of the additional environmental restraint provided. The Assessment Team identified through a review of progress notes, sight observation charts and diversional therapy notes the consumer is checked regularly and leaves the suite, accompanied by staff, to attend activities.

The Approved provider in its written response to the Assessment Team’s findings has provided documentation to support the care plan for the consumer has been amended to identify the restrictive accommodation arrangements and now provides details to guide staff on the application, release and monitoring requirements of the additional environmental restraint. Care planning directives include staff are to observe and check on the welfare of the consumer every 30 minutes, provide daily activities to the consumer in the secure suite and ask the consumer every two hours while awake if they would like to leave the suite for supervised walks or activities.

While I acknowledge the Approved provider has amended care planning directives for the consumer, the absence of these care planning directives at the time of the Assessment contact constituted a risk to the consumer’s safety and well-being.

The Assessment Team identified, and documentation confirmed, psychotropic medication is prescribed for some consumers to manage the behavioural and psychological symptoms of dementia and would therefore be considered chemical restraint. Review of documentation identified the service has not sought consent or medical authorisation for the use of chemical restraint for consumers receiving psychotropic medication to manage behavioural and psychological symptoms of dementia. Care planning documentation does not provide guidance to staff in relation to the appropriate use of psychotropic medication and the monitoring processes required. This is not in accordance with the *Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019*.

Documentation confirmed, the Approved provider has been monitoring the use of psychotropic medications and referring consumers to their Medical officer for review with a view to reduce or cease medications if appropriate and registered and care staff could describe alternative non-pharmaceutical strategies implemented that are successful in de-escalating consumer behaviours. While the service could demonstrate a commitment to reducing psychotropic medication usage and staff provided examples of alternate strategies implemented prior to the use of psychotropic medication, the absence of consent, assessment, care and service planning or monitoring processes does not support chemical restraint usage is in line with legislative requirements.

The Approved provider in its written response acknowledged restraint assessments were identified prior to the Assessment contact to require review and updating to meet legislative requirements and processes had commenced to complete this task. Chemical restraint authorisation forms have been completed for 16 consumers identified as requiring chemical restraint following the Assessment contact. The Approved provider has provided education to clinical staff in relation to chemical restraint documentation processes.

While I acknowledge the actions taken by the Approved provider to address deficiencies in relation to restraint usage, these actions were not in place at the time of the Assessment contact and will require time to be evaluated for their effectiveness. Therefore, it is my decision this Requirement is non-compliant as clinical care delivery in relation to the identification of restraint usage is not best practice to optimise each consumer’s health and well-being.

### 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.

* Physical and chemical restraint processes are required to be in line with legislative requirements.