Castlemaine Health

Performance Report

142 Cornish Street
CASTLEMAINE VIC 3450
Phone number: 03 5471 3498

**Commission ID:** 3401

**Provider name:** Castlemaine Health

**Assessment Contact - Site date:** 20 January 2022 to 21 January 2022

**Date of Performance Report:** 22 February 2022

# Performance report prepared by

S Byers, 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)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(e) | 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 - 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 14 February 2022

# 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 Assessment Team assessed one Requirement of this Quality Standard and provided evidence the service is compliant with Requirement 2(3)(e).

An overall rating for this Quality Standard is not given as only one of the five specific requirements have been assessed.

## Assessment of Standard 2 Requirements

### 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.*

The Assessment Team found the service had implemented improvements to address the deficits identified at the last visit.

The service demonstrated consumers are regularly reviewed and the effectiveness of strategies and care are reassessed when circumstances change or incidents impact on the needs, goals or preferences of the consumer. Care plans demonstrated review of pain management strategies, falls and risk of pressure injuries. Staff understanding and practical application of care strategies for consumers aligned with care plans.

Care plans also contained information on behaviour and diabetes management with effective strategies documented to inform staff practice. Staff confirmed they document all observed behaviours and effective strategies in the consumers care plan.

In making my decision I have considered the Assessment Team report and the response from the approved provider. I am satisfied the approved provider has demonstrated 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. Based on the evidence provided I consider that the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

# STANDARD 3 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 Assessment Team assessed one Requirement of this Quality Standard and provided evidence the service is compliant with Requirement 3(3)(b).

An overall rating for this Quality Standard is not given as only one of the seven specific requirements have been assessed.

### Assessment of Standard 3 Requirements

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

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

Consumers and representatives provided positive feedback regarding the management of risks associated with the consumers care.

The service demonstrated the actions it has taken to address the deficits identified at the last visit in relation to behaviour management and restrictive practices, pain management, falls management, diabetes management and weight loss management.

The service demonstrated it monitors the use of psychotropic medications, trials non-pharmacological interventions prior to administration, and consults with specialist services, medical practitioners and representatives. Documentation demonstrated regular medical reviews and individualised strategies to manage consumers challenging behaviours. Informed consent is obtained and documented.

Staff described the main high impact and high prevalence risks for consumers and how they are managed. Consumer care documentation aligned with information provided by staff.

The service has a suite of clinical policies and procedures available to guide staff practices in relation to high impact and high prevalence risks.

The provider’s response provided clarification on identified deficits and included action taken since the audit. At the time of the visit the Assessment Team found the service was recording psychotropic medication prescribed on a regular or as required basis on two monitoring tools. Management advised the service was in the process of transitioning to a new psychotropic medication tool. The approved provider confirmed the transition to one psychotropic medication data base has been completed and is maintained by the Pharmacist.

In making my decision I have considered the Assessment Team report and the response from the approved provider. I am satisfied the approved provider has demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.Based on the evidence provided I consider that the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed two Requirements of this Quality Standard and provided evidence the service is compliant with Requirement 5(3)(a) and Requirement 5(3)(b).

An overall rating for this Quality Standard is not given as only two of the three specific requirements have been assessed.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

The Assessment Team found the service had implemented improvements to address the deficits identified at the last visit. The service demonstrated it has plans in place to implement further renovations in the future.

The Assessment Team observed:

* the interior service environment to be clean and clutter free
* consumer rooms were personalised with photos and objects of special meaning on their doors to assist with identifying individual rooms
* the end walls of each wing in one of the houses were painted different colours to ensure differentiation and assist consumers in locating their rooms.

While renovations to the service’s exterior environment are yet to be completed, external areas were cleared, walking paths repainted and new outdoor furniture purchased. The service demonstrated it had commenced improvements to the garden and consumers were involved in the selection of plants.

All consumers interviewed provided positive feedback, commenting on the improvements to the service environment internally and externally. For example, consumers enjoy walking on the newly painted walking paths.

Staff provided examples of how the different coloured hallways assisted consumers to locate their rooms.

In making my decision I have considered the Assessment Team report and the response from the approved provider. I am satisfied the approved provider has demonstrated the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Based on the evidence provided I consider that the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team found the service had implemented improvements to address the deficits identified at the last visit.

The Assessment Team observed:

* consumers moving freely throughout the service, both indoors and outdoors
* hallways were clean and equipment stored appropriately
* the exterior walking path of the service had been repaired and painted and outdoor shaded areas were available for consumers to sit outside while not being impacted by the sun.

Overall consumers and representatives provided positive feedback regarding the improvements to the service environment.

While the Assessment Team observed improvements made to the outdoor service environment, the gardens required further maintenance. The service advised that COVID-19 restrictions had impacted on the service being able to progress all planned improvements to the gardens. A dedicated gardener had been employed and was due to commence within the month.

In its response the approved provider confirmed a contracted gardener commenced in January 2021 and the organisation is actively recruiting candidates for a full-time gardening position. The approved provider demonstrated, as garden improvements are ongoing, the service has implemented appropriate risk reduction strategies to mitigate any safety risk to consumers.

In making my decision I have considered the Assessment Team report and the response from the approved provider. I am satisfied, that on balance, the approved provider has demonstrated the service environment is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors. Based on the evidence provided I consider that the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed two Requirements of this Quality Standard and provided evidence the service is compliant with Requirement 7(3)(a) and Requirement 7(3)(d).

An overall rating for this Quality Standard is not given as only two of the five specific requirements have been assessed.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found the service had implemented improvements to address the deficits identified at the last visit.

The Assessment Team received positive feedback from consumers, representatives and staff regarding sufficient levels of staff to deliver safe and quality care and services.

A review of roster documentation and call bell reports demonstrated that most shifts are filled and call bells and sensor mats are responded to in a timely manner.

In the event of staff shortages, management demonstrated the service has a plan in place for sourcing additional staff.

In making my decision I have considered the Assessment Team report. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team found the service had implemented improvements to address the deficits identified at the last visit.

Consumers and representatives provided positive feedback, and considered staff knew how to provide care tailored to their needs and were trained sufficiently in their respective roles. One consumer felt that staff would benefit from further education in specific forms of dementia. Training records demonstrated all staff had completed dementia training in September 2021. In its response the approved provider advised additional dementia training has been provided to staff.

The service has introduced mandatory training for all clinical staff for topics including behaviour management, pain management, wound management and restrictive practices.

Staff interviewed demonstrated knowledge and skills relating to consumers’ care needs and requirements and outlined where they could access information if they were unsure.

The service demonstrated the effectiveness of the education program is monitored through attendance records, evaluation and observation of staff practice.

In making my decision I have considered the Assessment Team report and the response from the approved provider. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

# 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 Assessment Team assessed one Requirement of this Quality Standard and provided evidence the service is compliant with Requirement 8(3)(e).

An overall rating for this Quality Standard is not given as only one of the five specific requirements have been assessed.

## 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.*

The Assessment Team found the service had implemented improvements to address the deficits identified at the last visit.

The service demonstrated an effective clinical governance framework is in place. The service has employed a nurse practitioner to provide oversight of clinical care at the point of care across the service’s three houses. Reporting and monitoring of clinical practices is overseen by corporate and service levels of management with regular reporting to the board occurring through the Clinical Governance and Quality Committee.

Management and staff demonstrated an understanding of chemical, physical and environmental restrictive practices. Restrictive practice training is mandatory for clinical staff and monitoring is ongoing through clinical governance practices.

The service demonstrated it maintains a central list of consumers currently prescribed psychotropic medication.

Staff demonstrated an understanding of open disclosure and antimicrobial stewardship. The service has guiding documentation in place for antimicrobial stewardship

In making my decision I have considered the Assessment Team report and the response from the approved provider. I am satisfied the service has demonstrated it has in place an effective clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.