Churches of Christ Care Fair Haven Aged Care Service Maryborough

Performance Report

15 Morning Street
MARYBOROUGH QLD 4650
Phone number: 07 4122 5600

**Commission ID:** 5059

**Provider name:** Churches of Christ in Queensland

**Assessment Contact - Site date:** 6 April 2021 to 8 April 2021

**Date of Performance Report:** 20 May 2021

# 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 |
| Requirement 2(3)(b) | Non-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 |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 April 2021
* other intelligence and information held by the Commission in relation to the service.

# 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 Assessment Team did not assess all requirements of this Standard. However, a recommendation of Not Met in one or more requirements results in a compliance rating of Not Met for the Quality Standard.

## 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.*

Assessment and planning did not identify and address consumers’ needs including the consideration of clinical risks associated with their health and well-being to inform the delivery of safe and effective care and services.

Some consumers were not aware of the assessment and care planning processes at the service.

Care planning documentation for three named consumers did not demonstrate assessments for risk including swallowing deficiencies, wounds and falls were consistently completed or recorded the required information to guide staff in the delivery of safe and effective care.

For one named consumer who experienced multiple episodes of choking, swallowing assessments and care plan information was not updated after two of the three choking incidents were identified.

The approved provider in its response states care plan information for the named consumer at risk of choking was reviewed and updated on 7 April 2021 to ensure information is reflective of their needs. Registered staff are increasing oversight of consumer’s case notes to ensure incidents are recorded and appropriate follow up occurs.

Wound assessments and care planning documentation did not accurately reflect or address the condition of wounds for three named consumers. Wound assessments did not include specific information pertinent to the effective monitoring and management of these three named consumer’s wounds including wound measurements and frequency of dressings.

The approved provider in its response acknowledges the deficiencies in relation to wound assessment and care planning documentation for three named consumers. Improvements noted in their response include a review of all wounds and associated documentation, discussions with registered staff regarding the service’s wound management procedure, a wound management audit was completed by the service’s Clinical Support Consultant and wound documentation including measurements and photographs were completed.

For two named consumers, the service had not reviewed or updated falls risk assessments in line with the service’s falls management policy.

The approved provider in its response refutes that the service failed to review or update falls assessment information for one named consumer and provided evidence to demonstrate this had occurred. While I acknowledge the approved provider has advised the second named consumer had not experienced any falls since their entrance to the service, evidence to substantiate this response was not provided to the Commission.

Incident documentation was not consistently completed when clinical incidents were reported. The service did not demonstrate effective clinical oversight had occurred in relation to the completion of clinical documentation including assessment and care plan information. For one named consumer incident documentation had not been completed following the identification of a bruise on their neck and jaw.

The approved provider in its response refutes this had occurred on the date identified by the Assessment Team. I have considered the evidence provided in the approved provider’s response and information in the Assessment Team’s report however, I am unable to come to a view in relation to this specific incident and if the completion of incident documentation for this named consumer had occurred.

However, incident documentation had not been completed for two named consumers in relation to a skin tear and incidents of verbal aggression. Monitoring processes to ensure clinical documentation including assessments were completed were not effective.

The approved provider in its response has updated the service’s plan for continuous improvement including a review of the service’s incident management process to ensure it is in line with the organisation’s incident management process. Clinical case notes are monitored by senior clinical staff to ensure incident documentation is completed and incidents are followed up. Discussions have occurred at staff meetings regarding incident documentation.

Management acknowledged deficiencies identified during the Assessment Contact. In response, management issued memorandum to staff regarding the recording of specific information in assessment and care plan information.

Whilst I acknowledge the actions being taken by the approved provider, at the time of the Assessment Contact, assessment and planning including consideration of risks to the consumer’s health and well-being did not consistently inform the delivery of safe and effective care and services.

Therefore, my decision is this Requirement is Non-compliant.

### Requirement 2(3)(b) Non-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.*

Assessment and planning processes did not identify and address consumers’ needs, goals and preferences in relation to behaviour and bowel management, self-medication and skin integrity.

Consumers and representatives confirmed they were provided with opportunities into care delivery however, they were not aware of assessment and care planning documentation processes.

While care planning documentation detailed consumers end of life wishes, insufficient information regarding consumers’ specific needs, goals and preferences in relation to bowel management, challenging behaviours and compromised skin integrity were not recorded.

Care plan information for three named consumers did not identify constipation as a care concern or included bowel management interventions despite care information indicating this had occurred. For these named consumers specific information pertinent to the management of their continence needs and hygiene preferences was not recorded in care plans including the allocation of continence aids and toileting and shower schedules.

Actions to ensure care plans capture information for three named consumer’s bowel management needs were included in the approved provider’s response. Actions included continence management discussions with registered staff, an audit of all toileting and continence care plans and increased monitoring of consumer’s case notes to follow up and address any changes in consumers’ continence management needs.

Care plan information for two named consumers who exhibited episodes of challenging behaviours did not include identified triggers or individualised strategies to manage the risk or guide staff with care delivery when these consumers were exhibiting these behaviours towards consumers and staff.

The approved provider in its response acknowledges individualised triggers and strategies for the management of challenging behaviours were not recorded for these two named consumers. Actions undertaken by the approved provider to address this included the generation of new behaviour care plans which record the required information pertinent to the management of consumer’s behaviour management needs.

For two named consumers at risk for compromised skin integrity, care plan information did not reflect all interventions observed in place during the Assessment Contact or other strategies required to manage the risk. Interventions not recorded for one named consumer included a pressure relieving mattress and bed rail protectors. While the second named consumer was assessed as a high risk for the development of pressure injuries, care plan information did not include strategies to manage or minimise the risk.

Improvement actions provided in the approved provider’s response includes an audit of all skin care plans, discussions with registered staff regarding pressure injury prevention and management including the review of the service’s procedure and increased monitoring of consumer’s case notes by senior clinical staff.

Whilst I acknowledge the actions being taken by the approved provider, at the time of the Assessment Contact, the service did not demonstrate assessment and planning identified consumer’s current needs, goals and preferences.

Therefore, my decision is this Requirement is Non-compliant.

# STANDARD 3 NON-COMPLAINTPersonal 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 did not assess all requirements of this Standard. However, a recommendation of Not Met in one or more requirements results in a compliance rating of Not Met 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.*

Consumers did not receive safe and effective clinical care which was best practice in relation to the management of wounds and monitoring of psychotropic medications and physical restraint.

The approved provider in its response included improvements actioned in relation to incident management processes. These include senior clinical staff reading all new case notes each shift to ensure where wounds have occurred and incident

While preventative strategies were in place for consumers assessed at risk of compromised skin integrity, clinical documentation for two named consumers did not demonstrate care was provided to address their wound management needs in line with wound plan directives. Staff had not consistently recorded wound measurements in wound care documentation for three named consumers and external wound management specialists were not consistently accessed for the management of complex or chronic wounds. While wounds were confirmed to be healing, delays experienced in wound care delivery did not demonstrate care was tailored to their needs.

The approved provider in its response provided actions to address wound care deficiencies. These include increasing clinical oversight processes, incident and wound management discussions with registered staff, a review of the service’s wound management processes, a review of all wounds by the service’s Clinical Support Consultant and establishing a regular virtual wound clinic.

While staff could access consumers’ complete care plans electronically, summary care plans were not always accessible in consumers’ wardrobes in line with the service’s processes. Care planning documentation for one named consumer who required bed rails did not demonstrate consideration of alternative strategies or monitoring measures were in place.

Consumers and representatives were satisfied they were receiving care that was safe and right for them and met their needs and preferences.

While the service maintains a record of consumers prescribed psychotropic medications, opioid medication was not included in this information. The approved provider did not provide a response to this deficiency.

Whilst I acknowledge the actions being taken by the approved provider, at the time of the Assessment Contact, the service did not demonstrate each consumer received safe and effective clinical care which was best practice or tailored to their needs.

Therefore, it is my decision this Requirement is Non-Compliant.

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

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

The Assessment Team identified deficiencies in relation to falls, challenging behaviours and swallowing, however following a review of the Assessment Team’s findings and the Approved provider’s response I have come to a different decision to the Assessment Team’s findings

In relation to the service not recording strategies to address a named consumer’s risk following a fall, I am satisfied evidence provided in the approved provider’s response demonstrates most strategies were in place and falls assessment and care plan information was reviewed in line with the service’s procedures. I do acknowledge a mattress placed beside the named consumer’s was omitted from the consumer’s falls risk assessment however, all other strategies in place were recorded in assessment and care plan information. The approved provider in its response states that the named consumer’s falls risk assessment and care plan information has been updated to reflect the placement of the mattress.

For the named consumers identified as having multiple episodes of verbal and physical aggression, care plan information did not include triggers or strategies for the management of their behaviours.

The approved provider in its response states that superseded behaviour assessments were undertaken in January 2021 for consumers with challenging behaviours. As a result, triggers to consumer’s specific behaviours were not recorded. The approved provider has advised in their response, that a new process has been implemented to ensure triggers are included in behaviour assessments. Care plan and assessment information for the two named consumers have since been generated to include triggers to the named consumer’s behaviours.

In relation to the named consumer assessed as being high risk of choking or aspiration, interventions for the management of these risks was not recorded in the consumer’s summary care plan. However, staff could discuss strategies used to minimise the risk of choking or aspiration.

The approved provider in its response states summary care plan information has been reviewed to include strategies to manage the risk of choking during meals for this named consumer. The approved provider advised that the summary care plan is a summary and staff have access to the management of these risks in the named consumer’s full dietary care plan. I have reviewed the named consumer’s full dietary care plan which was included in the approved provider’s response and I am satisfied the service had recorded strategies to manage the risk of choking and aspiration for this named consumer during the Assessment Contact.

The Assessment Team raised concerns with feedback received from registered staff in relation to staff practice and their compliance with policy and incident reporting processes. The approved provider refutes this information and states staff involved deny making such comments, therefore, I have not considered this feedback in my decision.

While I acknowledge the concerns raised by the Assessment Team and their recommendation, I am satisfied the service was able to demonstrate the effective management of high impact and high prevalence risks associated with the care of each consumer had occurred.

Therefore, it is my decision this Requirement is compliant.

### 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.*

Care documentation included information regarding consumer’s end of life wishes and preferences. The service recorded when discussions had occurred with consumers and their representatives and could access this information easily. End of life care pathways were commenced to ensure consumers end of life needs were addressed and their comfort maximised.

Staff had a shared understanding regarding end of life care and had received palliative care education. The service had access to a Nurse practitioner to support staff with end of life discussions. Palliative care procedures provided staff with guidelines for the delivery of end of life care.

It is my decision this Requirement is Compliant.

### 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.*

Consumers expressed confidence staff’s abilities to identify and address changes in consumer’s care needs. Care planning documentation reflected the identification of and response to, deterioration or changes in consumer’s clinical conditions.

Staff had a shared understanding of their responsibilities to report any changes or deterioration in a consumer’s condition including, but not limited to, pain, challenging behaviours and changes in skin integrity.

Organisational policies provided staff with guidance in relation to assessment, reassessment and escalation process for the management of clinical changes and deterioration. Staff had access to resources to support them in recognising and responding to deterioration in consumer’s care needs. Registered nurses were available on site 24 hours per day and additional support was available from the Service manager after hours when required.

It is my decision this Requirement is 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 did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided.

## 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.*

Consumers and representatives confirmed they received care and services in a timely manner. Four consumers who experienced delays in assistance which exceeded 10 minutes reported it did not occur often and this had not impacted on care delivery.

Changes to staffing had occurred in response to incidents, the acuity of consumers and to support cohorts in line with the service’s COVID-19 outbreak management plan. A registered nurse shift commenced in February 2021 and registered nursing shifts are now allocated on the weekends to provide additional clinical oversight.

Staff advised they generally had enough time to complete their duties in allocated timeframes. However, some consumers said they did not have enough time to comfort consumers and talk to them.

Unplanned leave was replaced and when the service was unable to find staff replacements, a variety of actions were deployed to ensure adequate staff coverage.

Call bells were reviewed by the Service manager and any identified to exceed 10 minutes were discussed with staff.

It is my decision this Requirement is Compliant.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Consumers and representatives were confident in the staff’s abilities and said they felt staff knew what they were doing.

Position descriptions included key selection criteria relevant to each role. Staff credentials, professional qualifications and probity checks were monitored. Staff had completed mandatory education and competency assessments relevant to their roles. Wound care and pain management education was provided in response to an external complaint and further education is scheduled to be provided by a dentist in relation to oral care for April 2021.

Staff competency was monitored through feedback, incident investigations and observation.

It is my decision this Requirement is 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 did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The organisation had a documented risk management framework, which included policies and procedures describing how high impact or high prevalence risks associated with the care of consumers were managed, how the abuse and neglect of consumers is identified and responded to and how the service supports consumers to live the best life they can.

The organisation’s incident management system has been reviewed and updated to reflect the Serious Incident Response Scheme.

Staff were aware of their reporting responsibilities in relation to any allegations of abuse reported to them or observed by them. The Serious Incident Response

Scheme procedures had been discussed with staff who could explain how the procedures were relevant to their work.

The service had undertaken staff training and a review of wound management practices following the identification of myasis in wounds. The service had implemented several practices in response to COVID-19.

It is my decision this Requirement is Compliant

# 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 2(3)(a) 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) 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 3(3)(a) Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that optimises their health and well-being.