Constitution Hill Aged Care

Performance Report

3 Centenary Avenue
Northmead NSW 2152
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**Commission ID:** 0169

**Provider name:** Australian Unity Care Services Pty Ltd

**Assessment Contact - Site date:** 13 October 2020 to 14 October 2020

**Date of Performance Report:** 14 December 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-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 4 November 2020; and
* information submitted to the Commission’s Compulsory Reporting Team on 16 October 2020.

# 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

Some consumers interviewed (and representatives on their behalf) considered that the consumer receives personal and clinical care that is safe and right for them in all or some respects. Despite this some provided information about concerns relating to personal and clinical care and also about related or other matters.

The Assessment Team found that the management of high impact or high prevalence risks for some consumers is not effective, particularly in relation to:

* behaviour management and consumer to consumer assaults
* risks with restraint and psychotropic medication use
* medications incidents; and
* risks from consumer falls.

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)(b) Non-compliant

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

For the consumers sampled the Assessment Team reviewed care plans, progress notes and other assesment documentation. Sampled consumers (and representatives on their behalf) were also interviewed. While some consumers and representatives provided positive feedback about the care and services, others provided information about concerns and complaints they have recently raised. Although staff interviewed were familiar with consumers’ care needs and interventions, when asked if there is enough staff to provide the care and services which consumers need, including supervision, they said there is not.

The organisation:

* Is in the process being implemented at the service of a monthly quality report being produced with analysis of quality assurance findings and the monthly quality reports for July, August and September 2020 were reviewed.
* Has a safeguarding vulnerable people policy and procedures about prevention of and response to abuse and neglect and compulsory external reporting obligations, which are generally consistent with the regulations.
* Has a behaviour management policy and procedure, which generally reflects best practice including that holistic, person centred care will be provided, the computerised care records system does not support this.
* Has a restraint management procedure and related guides though they do not reference or reflect the restraint minimisation regulation, which took effect on 1 July 2019. Psychotropic medication is also not being used as a last resort and is not being managed consistent with the restraint minimisation guidelines for some consumers sampled.

The service’s consolidated record of reportable elder abuse incidents and related records show since 1 January 2020 there has been 20 consumer to consumer incidents of physical aggression. Thirteen of those incidents took place between consumers who reside or spend time in the secure memory support unit.

The Assessment Team found that medications ordered for some consumers are not being administered to them while another received double the dose of medication on numerous occasions. Although management provided records to show staff counselling for one staff member occurred, the information provided is not consistent with the incident description. They also explained, and provided documentation to support, there has been staff training in medication administration.

The organisation has policy, procedure and related guidelines which in relation to falls reference and reflect best practice. These include a FRAT and the consumer’s relevant assessments and care plan are to be reviewed and updated within 24 hours of a fall and that neurological observations are to be taken post fall (for an unwitnessed fall or fall with head strike this is 1/2 hourly for two hours, hourly for four hours, second hourly for six hours, and fourth hourly up to 72 hours). The Assessment Team found that the policy, procedure and guidelines are not consistently being implemented. This includes in some cases relevant assessment not being undertaken within 24 hours of the consumer falling and the post-fall neurological observations protocol not being completed. It was also not demonstrated that following falls incidents the prevention strategies are being reviewed and updated to try to prevent further falls.

Some consumers’ sensor alerts have not been functioning correctly. Management provided evidence of information and training provided to staff about this in May and June 2020 but the issues have continued.

The service has a complaint register. These documents did not include information about the complaints which consumer representatives interviewed said they had made. Management later provided some of these and acknowledged they were not recorded in the complaint register.

In relation to feedback by care staff that there is not enough staff to continually supervise consumers living in the memory support unit:

* There were three care staff rostered and working on morning and afternoon shifts during the performance assessment.
* Review of information about the assistance needs of the consumers shows seven need full assistance with mobility and all other activities of daily living, and the other seven consumers need supervision with mobility and with some activities of daily living (being independent in others).
* Management explained that the organisation has systems and processes to monitor staffing levels and mix and a dedicated benchmarking system is used for minimum level requirements. They said as well as the care staff there are other support staff, including for example, registered nurses and lifestyle staff. The general manager said they have not received any feedback about this issue, but will seek feedback and follow-up accordingly.
* When asked if any changes had been made to rostering of care staff in the memory support unit in 2020, management explained that changes were made in relation to the distribution of staff hours so there are more staff at times of peak activity. They also explained work has been undertaken to ensure staff take breaks at appropriate times, and to ensure continuity of staff.

Management of the organisation and service were responsive to feedback from the Assessment Team about these findings. They provided some additional information and advised of actions taken or to be taken to address concerns. In relation to some specific gaps identified by the Assessment Team management advised they had already been identified by the service and that work, including through education to support the team working at the service had commenced.

In response to the Assessment Team’s findings the provider submitted a detailed report confirming the actions already completed, those currently underway, and further ehancements to be made. The provider’s response demonstrated a commitment to addressing the gaps found in relation to this requirement and other feedback and observations given by the Assessment Team. While this is positive the provider acknowledged that issues were present at the time of the visit and that work is still being undertaken to return to compliance.

I find this requirement non-complaint.

# 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 3(3)(b)**

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

In relation to this requirement the provider must:

* demonstrate that it is managing high impact and high prevalence risks relating to the care of every consumer at the service, including through effective assessment and review systems, and the use of feedback from consumers (and representatives on their behalf); and
* ensure that the service’s workforce have the tools, knowledge, and time they require to support the effective management of these risks.