CraigCare Ascot Waters

Performance Report

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**Commission ID:** 7412

**Provider name:** Glenn-Craig Villages Pty Ltd

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

**Date of Performance Report:** 28 October 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 3 September 2020.

# 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

During an assessment contact conducted from 13 to 14 August 2020 the Assessment Team assessed Requirement (3)(a) within this Standard. No other Requirements within this Standard were assessed.

The Assessment Team have recommended this Requirement is not met. Based on the Assessment Team’s report and the Approved Provider’s response I find this Requirement Non-compliant. The reasons for my decision are detailed under the specific Requirement below.

### 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 conducted an assessment contact visit from 13 to 14 August 2020. While six out of nine consumers interviewed provided positive feedback about the care provided to them, three consumers and one representative expressed dissatisfaction with medication management. The Assessment Team have recommended this Requirement is not met as they consider the service does not provide safe and effective clinical care to a number of consumers, specifically in relation to time-critical medications being administered on time. The Assessment Team’s report contained the following information and evidence to support their recommendation of not met in this Requirement:

* One consumer with a diagnosis of Parkinson’s disease reported they are now administering their own Parkinson’s medication as they were not previously receiving them on time.
* Medication charts show another consumer with a diagnosis of Parkinson’s disease is prescribed to receive Parkinson’s medication four times daily. These records show the consumer has been administered their Parkinson’s medication more than one hour later than the specified administration time on more than 40 occasions between 10 June and 27 July 2020.
* A representative of another consumer with a diagnosis of Parkinson’s disease reported their family member ‘may not’ receive their Parkinson’s medication on time and this could be why they have had many falls and have lost some weight. Medication charts relating to this consumer show these medications are required to be administered three times each day and were administered more than one hour late on more than 25 occasions between 15 June and 13 August 2020.
* Management were advised of the above findings while the Assessment Team were on-site and reported registered nurses may be working beyond the end of their shift and signing for all medications after the medication round had been completed.
* A consumer reported they are not given their anti-nausea medication on time, and the night shift registered nurse ‘takes too long’ to administer their insomnia medication. Medication charts relating to this consumer confirm the early morning dose was signed as given more than one hour later than when it was ordered to be given (5.00am) on 6 occasions between 2 July and 8 August 2020.
* Two consumers received their insulin after they had finished their lunch instead of before their meals as directed.
* Review of clinical incident trending data relating to June and July 2020 revealed it did not include data relating to medication being administered late.
* Review of dignity of risk assessments relating to two consumers revealed they were incomplete, with no name or authorisation of the risk activity. Only one dignity of risk assessment document included strategies to minimise risk.

The Approved Provider submitted their response to the Assessment Team’s report to on 3 September 2020. The Approved Provider’s response contained details of their findings following their review of issues raised by the Assessment Team, and evidence to support their views, as detailed below:

* They have five consumers with a diagnosis of Parkinson’s disease, four of whom rely on staff to administer these medications, and one who self-medicates. The Approved Provider’s investigation has identified this as a delay in signing that medications have been administered, not a delay in administration. The Approved Provider maintains consumers were not adversely impacted as the medications were administered on time. The Approved Provider has indicated they have taken the following action to address this issue: performance management for individual staff; education; increased daily monitoring audits by the clinical care coordinator; expansion of end of month reporting; and the introduction of mobile phone prompts to remind staff these medications are due. As a result of the action taken the late administration of medication is now recorded as an incident, and audits completed since the remedial action was completed confirm incorrect staff practice has been corrected.
* The insomnia medication is prescribed to be taken as required and has no regular administration time. In relation to the anti-nausea medication the Approved Provider’s investigation revealed registered nurses reported the consumer often refuses the 5.00am dose, they do not record this as a refusal, instead choosing to re-approach at a later time. The Approved Provider has taken the following action to address this issue: performance management for individual staff; education; and daily monitoring by the clinical care coordinator. Since the assessment contact visit this consumer has been referred for further assessment and the general practitioner has agreed they are safe to self-medicate.
* Two consumers are prescribed to be administered insulin at lunch time. On 14 August 2020 one consumer was administered their insulin on time in the dining room as they like to be early for lunch, and the other consumer’s insulin was withheld as directed by the general practitioner. Evidence of both explanations was provided for review.
* In relation to incomplete risk assessment documents, the Approved Provider’s response indicated the Assessment Team viewed the Risk Register Spreadsheet on the manager’s screen, all identifying details (name and bed number) had been entered, the columns had been collapsed to allow other details to be reviewed, and the Assessment Team did not ask to see other details. The Approved Provider indicated three consumers have risk assessment documents, one high risk activity involved referral for speech pathologist review (notes available for review), and two low risk activities were signed off by clinical staff. The two consumers wishing to undertake low risk activities had no cognitive impairment however were willing to speak with staff about how they could stay as safe as possible while doing activities of their choosing. The Assessment Team were advised of the service currently working with their electronic record management system provider (Lee Care) to incorporate an enhanced dignity of risk assessment into the system.

In relation to Parkinson’s medications being administered more than one hour late on more than 64 occasions (two consumers), while I acknowledge this may have been an inappropriate record keeping practice issue rather than a clinical care issue, I consider signing for all medications at the end of a medication round is not best practice, and the Approved Provider’s own medication management monitoring processes did not detect and correct this prior to the assessment contact.

In relation to a consumer’s representative indicating their family member may not have received their Parkinson’s medication on time and this could be why they have had many falls and have lost some weight, I am not able to conclusively determine a delay in medication administration caused this consumer to fall more or lose weight.

In relation to the early morning anti-nausea medication dose not being recorded as a refusal, and the absence of incident reports relating to time-critical medications being administered more than one hour later than prescribed, I also consider the Approved Provider’s own monitoring processes did not detect and correct this prior to the assessment contact.

In relation to the Assessment Team’s concern that insulin was administered late to two consumers the Approved Provider’s evidence demonstrates this was not the case. In relation to concerns around incomplete and insufficient risk assessments, the Approved Provider’s evidence confirms their process was sufficient under the circumstances further explained.

I acknowledge the remedial action already taken by the Approved Provider since the assessment contact. For the reasons detailed above I find the service Non-compliant with this Requirement at the time of the assessment contact.

# 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

During an assessment contact conducted from 13 to 14 August 2020 the Assessment Team assessed Requirement (3)(a) within this Standard. No other Requirements within this Standard were assessed.

The Assessment Team have recommended this Requirement is not met. Based on information from Requirements 3(3)(a) and 7(3)(a) in the Assessment Team’s report and the Approved Provider’s response I find this Requirement Compliant. The reasons for my decision are detailed under the specific Requirement below.

## 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 conducted an assessment contact visit from 13 to 14 August 2020 and found the service could not demonstrate effective staff were providing safe and timely medication administration, and three consumers reported staff take too long to answer call bells. The Assessment Team have recommended this Requirement is not met.

The Assessment Team’s report contained the following information and evidence to support their recommendation of not met in this Requirement:

* Two nursing staff reported the medication rounds can take a while especially when unexpected incidents occur. Registered nursing staff reported the increase in bed occupancy has resulted in them not completing medication rounds in a timely manner, and while this has been raised with management no action has been taken to address this.
* Two registered staff said it is difficult to manage wounds and medication rounds especially if there is an incident however, they reported the clinical care coordinator is available to assist Monday to Friday. In addition, management and other staff reported a registered nurse was allocated additional hours due to the high number of wounds to ensure appropriate wound care was provided.
* All care staff interviewed reported their workload is manageable and can they attend to consumers’ activities of daily and personal preferences.
* Floors one to three (41 beds each) are staffed with the same number of carers and registered nurses although the third floor has 15 empty beds. The roster is designed to have five carers in the morning, four in the afternoon and one registered nurse on each day and evening shift on each floor. The night shift has five carers and one registered nurse.
* Three consumers said staff take too long to answer call bells.
* Call bell records from June 2020 show 19.11% were not answered with 10 minutes. This improved in July 2020 with 4% not being answered within 10 minutes.

The Approved Provider submitted their response to the Assessment Team’s report to the Commission on 3 September 2020. The Approved Provider’s response contained additional details about the concern identified by the Assessment Team, and evidence to support their views, as detailed below:

* In relation to staffing levels and skill mix, the Approved Provider’s response indicated a staffing and occupancy plan was developed before the commencement of the service, aligning staffing increases with occupancy increases as new floors opened. The plan requires staff on floors where few consumers reside to assist staff on floors that are fully or partially occupied. Registered nurses from the less occupied third and fourth floors are required to assist with medication rounds on the first and second floors. The Approved Provider maintains clinical requirements are monitored to ensure care and services are delivered as required, recruitment is ongoing, and reports are provided to the chief executive and chief financial officers weekly. The complaints system, staff meeting minutes and staff feedback include no reference to concerns about staffing levels.
* In relation to call bell response times, the service indicated of the two consumers identified as experiencing long wait times: of the 61 times consumer one rang the call bell in a six week period, staff took between 10 and 14 minutes to answer on two occasions; and of the 123 times the call bell was rung by consumer two in a six week period, staff took more than 10 minutes to answer on seven occasions. In response to the Assessment Team’s feedback a further breakdown of call bell response times is being provided and a more in-depth reporting process has commenced, including follow up with consumers.

I have considered the Assessment Team’s report and the Approved Provider’s in making a decision about this Requirement.

While three consumers report a delay in call bell response times, records show this has improved significantly from June to July, and the information provided for my consideration did not include details of how these consumers are impacted by this. While some staff have expressed concern about how long medication rounds take to complete, other staff spoke of increased clinical hours to ensure wound care is provided and how the clinical care coordinator will assist as required from Monday to Friday. There have been no details provided for my consideration suggesting there have been concerns raised about staffing levels on weekends, in the absence of the clinical care coordinator.

For the reasons detailed above I find the service Compliant 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.

**Standard 3 Requirement (3)(a)**

* Ensure all staff who administer medication demonstrate their understanding of and compliance with the requirement to sign for administering each medication as soon as this is done.
* Ensure all staff who administer medication demonstrate their understanding of and compliance with the requirement to document why any medication is not given at the prescribed time.
* Ensure all staff who administer medication demonstrate their understanding of and compliance with the requirement to administer medication to treat the symptoms of Parkinson’s disease at the time prescribed.
* Ensure all staff who identify medication has not been given at the prescribed time demonstrate their understanding of and compliance with the requirement to follow the organisation’s incident reporting process to allow trending, analysis and remedial action as necessary.