Craigcare Albany

Performance Report

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ALBANY WA 6330  
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**Commission ID:** 7891

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

**Assessment Contact - Site date:** 25 November 2020

**Date of Performance Report:** 22 February 2021

# 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** | **Non-compliant** |
| 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 17 December 2020.

# 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

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(a) in relation to Standard 3 Personal care and clinical care and recommended the service did not meet this Requirement. Based on the information in the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with Requirement (3)(a) and have provided reasons 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 found the service was unable to demonstrate they delivered safe and effective clinical care that is best practice in relation to management of oedema, wound care, minimisation of psychotropic medications, informed consent of psychotropic medications and appropriate use, monitoring and documentation of physical restraints. Relevant evidence included:

* One consumer did not have oedema, pain, sleep or use of psychotropic medications managed effectively in line with the consumer’s needs or best practice.
  + The consumer was observed not to have their compression stockings in place in line with directions.
  + Increased pain in the knees and legs previously not recorded in the care plan was identified and reviewed by the nurse practitioner. However, there was no documented evidence this pain was monitored and recorded in the care plan.
  + Ongoing issues of sleeplessness as reported by staff did not result in a review of sleep assessment.
  + Psychotropic medications used were not reviewed appropriately or discussed with the consumer’s representative.
* One consumer did not have evidence of alternatives trialled prior to using a dignity suit restraint to manage social continence and the consumer was observed to be left in a soiled continence aid for approximately 30 minutes.
* One consumer did not have evidence of alternatives trialled prior to implementing a chair and belt to manage the risks of ongoing falls.
* One consumer has a current wound on toe which has not been assessed appropriately for pain and the current treatment is not recorded on the wound treatment chart. The consumer confirmed they receive enough tablets for pain and have some pain of the foot.

The Approved Provider’s response disagrees with the finding of the Assessment Team’s report and provided additional information and evidence. Relevant evidence included:

* One consumer is receiving appropriate care for their oedema, pain, sleep and use of psychotropic medications in line with the consumer’s current needs and preferences.
  + Staff applied the compression stockings later in the day on the morning of the Assessment Contact in line with the consumer’s wishes and needs on the day. There was no significant weight gain or skin breakdown to indicate the oedema of the legs was not managed effectively and a current podiatrist care plan is in place to support oedema and skin management.
  + Staff reported and referred the pain in legs and knees to the nurse practitioner for review in line with best practice.
  + The consumer has a long history of disturbed sleep patterns in line with relevant chronic diagnosis and the current care plan and medications are used to effectively manage the sleeplessness.
  + Psychotropic medications were commenced in consultation with the medical officer and the consumer’s representative including providing consent following trials of alternatives in 2019 and again following changes to medication dose in 2020 and records of the consent and consultation have been maintained.
* Alternatives were trialled prior to a dignity suit being implemented in 2019 and documented evidence recorded. The consumer being observed to be left in the incontinent aid for approximately 30 minutes was unfortunate as this occurred between staff assisting in line with the care plan scheduled times.
  + The service has since the Assessment Contact trialled the consumer without the dignity suit and confirmed the consumer no longer requires the dignity suit due to ongoing deterioration in their condition.
  + The authorisation for the use of ‘dignity suit’ as a restraint was reviewed in November 2020.
* One consumer had documented evidence of alternatives to physical restraint used prior to the restraint being implemented including review of pain, behaviours and trial of other falls management strategies. The restraint was implemented after multiple falls not managed by current strategies in place.
* One consumer’s wound management medication is documented on the medication chart and not the wound management plan.

The service has systems including policies, procedures and best practice assessment tools to identify and plan personal care and clinical care in line with consumers’ needs. The service completes trialling of alternative strategies to restraint prior to the initial decision to use restraint. However, the service did not demonstrate it effectively reviewed or managed each consumer’s personal care and clinical care to optimise the consumer’s well-being and tailor the care to the consumer’s needs. One consumer’s continence care and the use of a ‘dignity suit’ to manage the continence of the consumer. The consumer did not have continence management reassessed for over a year or alternatives to the dignity suit to manage the continence trialled. The consumer was observed to have an incontinence episode impacting on the consumer’s dignity and demonstrating current strategies to manage the consumer’s continence were not effective. One consumer’s sleep pattern was not reviewed when ongoing sleep disturbance occurred. One consumer has not had pain in relation to wound assessed. Consumers’ personal care and clinical care needs are not always assessed and reviewed when signs of ongoing impacts to consumers’ care are present and to ensure safe and effective delivery of care including in relation to continence, sleep and pain.

Based on the summarised evidence above I find the service Non-compliant with this Requirement.

# 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 Requirement (3)(a) in relation to Standard 7 Human resources and recommended the service met this Requirement. Based on the information in the Assessment Team’s report and the Approved Provider’s response I find the service Compliant in Requirement (3)(a).

Consumers and their representatives interviewed confirmed there are sufficient numbers of staff at the service to deliver safe and quality care and services in line with the consumers’ needs and preferences. Management develop a roster and staff allocation based on the number of consumers at the service and do take into consideration staffing numbers when consumers are identified with increased needs.

All Requirements in this Standard were not assessed and therefore an overall rating of the 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.*

# 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 consumers’ personal care and clinical care needs are assessed and reviewed when signs of ongoing impacts to consumers’ care are present and to ensure safe and effective delivery of care including in relation to continence, sleep and pain.