Craigcare Pascoe Vale

Performance Report

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**Commission ID:** 4175

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

**Assessment Contact - Site date:** 28 October 2020

**Date of Performance Report:** 26 November 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 13 November 2020
* Non-Compliance Notice issued 4 September 2020.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team did not assess all Requirements in this Standard therefore an overall compliance finding has not been made.

Requirements assessed, and the individual compliance findings are noted below.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Consumers and representatives interviewed said consumers are treated with respect by staff and indicated in various ways that staff do value them as individuals. The Assessment Team observed staff treating consumers with dignity and respect. Staff interviewed were familiar with consumers and demonstrated an understanding of consumers’ individual preferences and culture.

Deficits in the way care and services were delivered during a COVID-19 outbreak in July 2020 which led to instances of undignified or disrespectful care have been resolved.

Based on the evidence summarised above the service complies with this requirement.

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

Most consumers and representatives interviewed said they are able to exercise choice in decisions about their care and the way care is delivered, and are able to involve whoever they wish in decisions. Representatives interviewed said management have provided them with regular communication including emails and telephone calls, especially during the COVID-19 outbreak. Adding staff are more readily available and communication has improved due to the increased staffing levels in the last few months.

Based on the evidence summarised above the service complies with this requirement.

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

Consumers have sufficient relevant information to make informed choices in their day to day lives. The service considers consumers’ communication needs in how they disseminate information and make it accessible and inclusive.

Previous deficits in communication have been resolved.

Based on the evidence summarised above the service complies with this requirement.

# 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 did not assess all Requirements in this Standard therefore an overall compliance finding has not been made.

Requirements assessed, and the individual compliance findings are noted below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

Risks to a consumer’s health and wellbeing are considered when staff undertake clinical assessments. The risks inform strategies, and these are outlined in care plans which staff use to inform the way care is delivered. Staff described individuals care needs and the information they provided reflected documented strategies in the consumer’s care plan.

Deficits in the way consumers risk were investigated and understood during the COVID-19 outbreak have been resolved.

Based on the evidence summarised above the service complies with this requirement.

### 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 sampled incidents of changed care needs and how this led to an update in how clinical care was delivered. Evidence included input into reviews from medical officers, physiotherapists, dieticians and others. Representatives said they are made aware when incidents occur and are consulted on changes to strategies.

Deficits in the ability of staff to effectively review and plan for changing care needs, goals or preferences during the COVID-19 outbreak have been resolved.

Based on the evidence summarised above the service complies with this requirement.

# 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 did not assess all Requirements in this Standard therefore an overall compliance finding has not been made.

Requirements assessed, and the individual compliance findings are noted below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 reviewed consumer files in relation to the appropriate use of psychotropic medications, management of pain and skin integrity. Chemical restraint is used as a last resort after other interventions such as diversional therapy have been unsuccessful.

Consumers returning to the service following a period in hospital with COVID-10 are receiving additional care interventions to optimise their recovery, such as additional wound management. Consumers said their pain is managed and progress notes and charting evidence staff are monitoring consumers for breakthrough pain.

During the COVID-19 outbreak, 47 consumers were impacted, and 16 consumers died during the outbreak. A number of consumers were transferred to hospital.

Deficits in the ability of the service to deliver tailored, best practice care have been resolved.

Based on the evidence summarised above the service complies with this requirement.

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

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

Risks related to consumers’ care are generally effectively managed. Staff interviews, and documentation demonstrate effective management of falls and weight loss. Incident reports are completed following falls and neurological observations generally undertaken in line with the service’s protocols. The Assessment Team noted charting and monitoring occurred following a high impact event and staff include general practitioners and allied health personnel to manage adverse outcomes and develop strategies to optimise the health and wellbeing of consumers.

Deficits in the ability of the service to manage the high prevalence risks associated with the COVID-19 outbreak have been resolved.

Based on the evidence summarised above the service complies with this requirement.

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

Management said the COVID-19 outbreak at the service occurred from July 2020 to October 2020 and regular meetings were held with the Victorian aged care support team who provided additional assistance.

In total 47 consumers were impacted, 23 consumers were transferred to hospital and 16 consumers died during the outbreak.

47 staff were impacted by the COVID-19 outbreak.

The significance of the spread of COVID-19 throughout the service led to a finding of failure in this Requirement as processes to minimise infection related risks were ineffective and the service was unable to implement an effective outbreak response in a timely manner.

The Assessment Team found, subsequent to the COVID-19 outbreak, and the return of consumers to the service that a range of strategies have been put in place. For example, infection control ‘champions’ provide and complete additional and ongoing education, training and related competencies with staff, including oversight and monitoring of the use of personal protective equipment by all staff. Any breaches in protocols result in one on one training, re-competency or all staff ‘toolbox’ education sessions.

The Assessment Team’s monitored infection control management during the assessment contact and found the service environment, cleaning protocols, educational information and staff practices to align with good practice.

Deficits in the ability of the service to minimise the spread of infection have been mitigated.

Based on the evidence summarised above the service complies with this requirement.

# 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 in this Standard therefore an overall compliance finding has not been made.

Requirements assessed, and the individual compliance findings are noted below.

## 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 Assessment Team found processes are in place to ensure the safe and effective care of consumers living with high impact or high prevalence risks such as skin integrity, pain management, weight loss, and falls. Information from incident reports are routinely collated and reported at various meetings for continuous improvement.

Policies and a system ensure review of consumers’ care and services occur to support consumers being involved in decisions in relation to their care and risks they wish to take. Feedback is used to identify improvements to support consumers to live the best life they.

Any abuse and neglect of consumers is identified and responded to. Management demonstrated examples of this in the services compulsory reporting register and mandatory education.

The service complied with directions from the Commission whilst the COVID-19 outbreak was in place. It provided to the Commission an infection control plan detailing how the service was responding to the COVID-19 outbreak as well as documentary evidence to demonstrate steps taken to closely monitor care recipients and ensure their physical and mental wellbeing was optimised. It also provided a workforce plan (including leadership roles) detailing how the service would ensure that it has a workforce that is sufficient and skilled/qualified to provide safe, respectful and quality care and services during the COVID-19 outbreak

Effective risk management systems are now in place to manage high prevalence risks which develop in the future, including a further COVID-19 outbreak.

Based on the evidence summarised above the service complies with this requirement.

### 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 evidence to demonstrate the sub requirements of antimicrobial stewardship and open disclosure are managed within the clinical governance framework. Registered nurses have had education on the use of antibiotics and open disclosure and policies guide their practices.

Deficits were identified by the Assessment Team in the governance of chemical restraint. A psychotropic medication register is in use; however, it did not identify all consumers who were prescribed a chemical restraint and components of the register were not completed.

The Assessment Team identified 19 consumers who were prescribed a chemical restraint who were not noted in the psychotropic medication register.

The service’s policy for restraint states the ‘register is provided in a quarterly report to the governing body.’ The Assessment Team found the approach by the service in completing the register would result in under reporting information regarding chemical restraint to the governing body. Decisions made by the governing body may not be based on all relevant information and may not be fully informed. The Assessment Team recommended the service did not met the sub requirement for minimising the use of restraint.

The service provided a response to the Assessment Teams findings and acknowledges the register was not fully complete. The organisation had identified that the tool could be more user friendly and does not identify the number or residents who are Chemically Restrained. This was being addressed at the time of the home assessment via the service’s Continuous Improvement Plan.

Although the register was not fully complete, the provider’s response details other information sources and oversight mechanisms including:

* A pharmacy provides the home with a monthly report on psychotropic use. This is discussed at medical advisory committee meetings.
* A separate pharmacy is contracted by the service and undertakes quarterly audits of high-risk antipsychotics and sedative medications.
* Residential Medication Management Reviews for consumers are actioned as a result of these audits.

Based on the evidence summarised above, while the psychotropic medication register was not complete, the governing body had other regular avenues of information to inform their oversight of the use of chemical restraint at the service.

The service complies with this Requirement.

# 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.