Cumberland Manor

Performance Report

25-27 Wiltshire Street   
SUNSHINE NORTH VIC 3020  
Phone number: 03 9311 7079

**Commission ID:** 4297

**Provider name:** Primary Caring Pty Ltd

**Assessment Contact - Site date:** 2 November 2020

**Date of Performance Report:** 8 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 23 November 2020.

# STANDARD 2 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as two of the three specific requirements assessed have been assessed as Non-compliant.

## 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.*

The Assessment team found care plans do not document considerations of risks related to pain or psychotropic medication across other relevant care plan domains such as falls, mobility and behavioural management. Further care plans do not detail specific, individualised or contemporaneous information to guide staff practice.

The approved provider submitted a range of documents, which on review did not provide sufficient detail to guide the individualised care of the consumer. Risk assessments submitted did not provide evidence of trials of alternatives to restraint on all occasions.

The service experienced a COVID-19 outbreak which impacted 53 consumers, during which time 11 consumers died. While deficits in planning and consideration of risk in relation to the specific COVID-19 outbreak have been addressed with the support of external parties, the service has not applied the same level of consideration in all aspects of care and service delivery.

Based on the evidence summarised above the service does not comply with this requirement.

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

Document review shows that consumers and representatives are generally contacted monthly by telephone at each consumer of the day review. Progress notes and incident forms show open disclosure and contact with representatives if the consumer’s condition changes. The Assessment Team found evidence of the service involving others, such as the in-reach medical and nursing teams in care planning.

Consumers interviewed were generally satisfied with communication and are open to more in-depth discussions with the clinical team.

Deficits in communication which occurred during the COVID-19 outbreak at the service have been resolved.

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

### Requirement 2(3)(e) Non-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 found the service could not demonstrate that care and services are reviewed regularly for effectiveness across consumer needs, including behaviour management, the use of psychotropic medication, mobility and skin integrity.

The Assessment Team argued that a number of care plans were assessed as ‘effective’ without considering all available information in progress notes and other documents. If consideration of all available information had occurred, it would be clear to the reviewer that the current strategies were not fully effective.

The provider submitted a range of documentation covering various periods of time. The documentation does not provide sufficient evidence that an effective and full review of the clinical circumstances impacting the consumer’s health and wellbeing did occur, for example a care plan was reviewed on 20 October 2020 but progress notes for the weeks preceding the review date were not submitted.

The service did not demonstrate they have a system for understanding if care and services are effective or not.

Based on the evidence summarised above the service does not comply with this requirement.

# 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 three of the five specific requirements assessed have been assessed as Non-compliant.

### 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 has not delivered safe and effective care to all consumers prescribed chemical restraint. The service’s processes for monitoring chemical restraint are inconsistent. Assessment for the use of chemical and physical restraint did not follow best practice principles and consent documentation was not always evident.

The Assessment Team found the assessment of pressure areas to be inadequate. A number of consumers need regular pressure area care which does not always occur due to competing demands on staff time.

The approved provider submitted a register of their use of psychotropic medications. While this noted some reduction in medications this had occurred after the Assessment Team’s visit. At the time of the visit the service was not proactively seeking to exhaust all alternative strategies and minimise the use of chemical restraint for consumers.

Staff were not able to demonstrate they are up to date on contemporary practices across a range of clinical domains.

The approved provider did not address the finding of the Assessment Team that there are gaps in the delivery of planned clinical care.

Based on the evidence summarised above the service does not comply with this requirement.

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team reviewed consumers at high risk and found gaps in the clinical management of some consumers. For example, gaps in medication management and the use of non-pharmaceutical strategies for behaviour management. The service’s policies in relation to falls management including unwitnessed falls and falls with a head strike were inconsistently followed by staff.

The approved provider’s response did not address gaps in the delivery of clinical care or provide evidence that staff were following the service’s policies for the management of high risk or high prevalence risks in their day to day practices, for example, for the prevention of and management of pressure areas developed in the service.

The service experienced a COVID-19 outbreak which was a high impact high risk event, during this time 53 consumers were impacted, and 11 consumers died. While deficits in risk management in relation to the specific COVID-19 outbreak have been addressed with the support of external parties, the service has not applied the same level of consideration to risk to consumers in other areas of their care needs.

Based on the evidence summarised above the service does not comply with this requirement.

### Requirement 3(3)(c) Non-compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

Although the service demonstrated that timely and appropriate referrals are made to palliative care specialist services, the Assessment Team reviewed consumer files which showed inconsistent approach to understanding consumer needs for appropriate medication management regimes during end of life.

The approved provider submitted a range of documents including a medication chart, however, the response did not directly address gaps in the management of palliative care medication delivery identified by the Assessment Team or refute their finding.

Based on the evidence summarised above the service does not comply with this requirement.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The service demonstrated that timely referrals are made to other organisations and providers of care and services including, geriatricians, dietician and wound consultants.

Delays in referrals which occurred during 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.*

The service experienced an extensive COVID-19 outbreak impacting 53 consumers, 11 of whom passed away during the outbreak. 54 staff were also impacted.

The service received extensive support from external third parties and has taken the advice and learnings in regard to infection control on board.

The Assessment Team undertook an infection control monitoring checklist during this assessment and observed good infection minimisation practices being used by staff.

Staff described effective use of personal protective equipment, including for consumers being isolated and awaiting COVID-19 test results.

The service has sufficient stocks of personal protective equipment, cleaning is adequate, and staff are sanitising shared equipment between each use.

The service has an infection control policy, COVID-19 outbreak management plan and antimicrobial stewardship plan. The service also provides education to staff on various topics related to infection control via toolbox training sessions. Formal practical personal protective equipment training has been provided to staff.

Deficits identified during the COVID-19 outbreak which led to uncontrolled spread of COVID-19 between consumers have been resolved.

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

# STANDARD 7 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as two of the two specific requirements assessed have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 found evidence of poor practices steming from an inadequate number and mix of staff. For example, staff not delivering pressure area care in a timely manner and non-ambulant consumers being transferred to bed early to fit in with staff workflow patterns rather than being aligned with consumer choices. Consumer representatives stated the staff response to calls for assistance by consumers can be too long.

The approved provider submitted a copy of the service’s roster but did not directly address the findings of the Assessment Team or put forward evidence that the Assessment Team’s findings were inaccurate.

Based on the evidence summarised above the service does not comply with this requirement.

### Requirement 7(3)(d) Non-compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team found staff lacked an understanding of key clinical areas, including medication management, reporting of abuse and neglect, behavioural management strategies, restraint and pressure area management.

The approved provider submitted copies of training records which demonstrate good attendance at training sessions, however, for the most part the training topics submitted as evidence did not overlap with the deficits in care delivery that the Assessment Team identified.

A session was held on restraint management; however, the sessions were brief, ten to fifteen minutes in duration, and would not provide the level of knowledge required to support best practice care delivery.

While infection control training has resulted in good improvements in the ability of the workforce to minimise a further infectious control outbreak, the service has not identified other deficits in staff training.

Based on the evidence above the service does not comply with this requirement.

# STANDARD 8 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as two of the two specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-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 the governing body has not put in place effective systems to ensure risks are effectively managed.

Deficits in medication management, behaviour management and risk of poor outcomes for consumers’ wellbeing as a result of poor staff practices have not been adequately addressed. Consumers are not being supported to live the best life they can.

The approved provider did not address the Assessment Team’s findings in relation to governance of risk management in their response.

Based on the evidence summarised above the service does not comply with this requirement.

### Requirement 8(3)(e) Non-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 service did not demonstrate that a clinical governance framework is in place covering key aspects of clinical care delivery. Management did not demonstrate oversight of the use of psychotropic medications and did not demonstrate a minimisation approach to the level of chemical restraint at the service. Management did not demonstrate a contemporary understanding of what constitutes restraint.

At the Assessment Team visit, management said a new structure for a clinical governance framework is currently being implemented.

The approved provider did not address the Assessment Team’s findings in relation to clinical governance in their response.

Based on the evidence summarised above the service does not comply 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.

* **Requirement 2(3)(a)**

Ensure validated assessment tools inform risks to a consumer’s safety, health and wellbeing.

Ensure input from other relevant parties inform risk assessments.

Engage with consumers and representatives in risk management strategies.

* **Requirement 2(3)(e)**

Ensure care and service plans are up to date and reflective of current needs and services.

Establish regular reviews and a process for what information is considered as part of each review, including information from the consumer on their satisfaction with the effectiveness of care and services.

Ensure unscheduled updates also occur where incidents impact the care needs of consumers so staff always have contemporary information to guide their practice.

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

Review care delivery to ensure that it aligns with best practice, and best practice is embedded into decision making. Ensure consumers have best practice information so that they can make informed choices in how to tailor their care.

* **Requirement 3(3)(b)**

Manage risks in a way that balances the consumer’s rights and preferences with their safety and the safety of others. Use the least restrictive practices and service environments. Ensure restraint practices align with best practice in particular chemical restraint and physical restraint. Ensure informed consent includes the benefits and negative effects of the use of psychotropic medication.

* **Requirement 3(3)(c)**

Establish a best practice palliative care approach in the use of medication. Ensure medication prescribed for end of life care is managed and used for its prescribed purposes only.

* **Requirement 7(3)(a)**

Ensure the workforce has capacity to deliver all consumers’ assessed care and service needs as scheduled.

* **Requirement 7(3)(d)**

Undertake training and relevant competencies with staff to ensure deficits outlined in this report are addressed

* **Requirement 8(3)(d)**

Ensure the governing body has systems in place to ensure they meet their obligations regarding oversight of care and service delivery in line with best practice and manage actual and emerging risks.

* **Requirement 8(3)(e)**

Review the service’s clinical governance framework to ensure clinical leadership occurs and clinical accountability is understood within the clinical team.

Ensure when deficits in clinical care occur the governing body has the relevant information to take action to ensure safe and effective care occurs at all times.

# Other relevant matters

On 31 January 2020 following an Assessment Contact the provider was assessed as non-compliant with the following requirement(s) of the Quality Standards; these non-compliant requirements were not assessed during this performance assessment:

* Requirement 2(3)(d)
* Requirement 2(3)(b)