David, Gita and Michael Hoffman Nursing Home

Performance Report

119 Cresswell Road   
DIANELLA WA 6059  
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**Commission ID:** 7785

**Provider name:** Maurice Zeffert Home (Inc)

**Assessment Contact - Site date:** 22 February 2021 to 23 February 2021

**Date of Performance Report:** 21 April 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)(b) | Non-compliant |
| Requirement 3(3)(g) | 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 10 March 2021.

# 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 Assessment Team assessed Requirements (3)(b) and (3)(g) within Standard 3. The Assessment Team have recommended Requirement (3)(b) not met specifically in relation to managing risks associated with pressure injury prevention, wound management and restrictive practices. The Assessment Team have recommended requirement (3)(g) met.

Having considered the Assessment Team’s report and the provider’s response I agree with the Assessment Team’s recommendations and consider Requirement (3)(b) Non-compliant and Requirement (3)(g) Compliant. The reasons for my decisions are detailed under the specific requirements below.

### 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.*

The Assessment Team found the service was not consistently and effectively managing high impact or high prevalence risks specifically in relation to pressure injury prevention, wound care and use of restrictive practices. They based these findings on the following:

* Information from management confirming the absence of training, policies and procedures to guide staff in the prevention of pressure injuries and the assessment and management of wounds.
* Records indicating consumers’ skin integrity are not regularly and sufficiently monitored resulting in two consumers having pressure injuries identified when they were classified as unstageable.
* Inconsistent record keeping in relation to wounds, including wound care plans with insufficient directives to ensure consistent care, and no regular wound measurements or photographs.
* Inconsistent use of pressure relieving devices.
* Acknowledgement that the service does not analyse pressure injuries and wounds when reviewing clinical indicators and does not discuss these aspects of care at clinical meetings to evaluate the effectiveness of care.
* The absence of records to confirm those consenting to the use of physical and chemical restraint are doing so having been fully informed of risks.
* The absence of medical practitioner approval to use physical restraint in some situations and alter administration times of chemical restraint.

The provider submitted a response to the Assessment Team’s report on 10 March 2021, inclusive of evidence of action taken since the assessment contact visit to address the identified gaps. The provider has:

* Developed a wound management policy and procedure to guide staff practice, inclusive of information relating to the management of pressure area care and pressure injuries,
* developed a delirium management policy and procedure,
* reviewed their restrictive practices policy and procedure,
* provided training in relation to wound and skin management, and the management of antipsychotic medication in residential aged care, and
* addressed inaccurate staff practice in relation to medication administration.

While the provider has acted promptly to develop guidance material for staff to follow, and address knowledge deficits, I consider the service’s governance processes were not sufficient to identify and respond to these gaps independently, prior to the assessment contact visit.

For the reasons detailed above I find Maurice Zeffert Home (Inc), in respect of David, Gita and Michael Hoffman Nursing Home, Non-compliant in relation to Requirement (3)(b) in Standard 3.

### 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 Assessment Team found the service has processes in place to effectively minimise infection-related risks and promote appropriate antibiotic prescribing including an antimicrobial stewardship policy and infection control policy and procedures to guide staff practice.

Documents reviewed by the Assessment Team include care plans, clinical indicator data and analysis and outbreak records. Care plans contain relevant precautionary directives to guide staff in providing care to consumers with infections and directives to minimise the need for antibiotics, such as encouraging fluids for consumers who are at high risk of developing urinary tract infections. Clinical indicator data confirms infections are logged, trended and discussed monthly to identify potential gaps in care and opportunities for improvement. Outbreak records confirm a gastroenteritis outbreak was limited to four consumers.

During interviews with the Assessment Team clinical staff reported being aware of consumers with skin and respiratory infections and confirmed information about infections is recorded in the electronic care management system to alert staff of required precautionary measures. Clinical staff confirmed receiving toolbox training in relation to antimicrobial stewardship and indicated the service’s contracted pharmacy monitors antimicrobial use and provides feedback and reports to the service and visiting general practitioners. Clinical staff said urine specimens are sent to the laboratory and consumers monitored for behaviours, fever, pain and other symptoms to assist general practitioners’ decision-making in relation to the use of antibiotics to treat urinary tract infections. Care and clinical staff confirmed receiving training in relation to COVID-19, including appropriate hand hygiene practices and the correct use of personal protective equipment.

The Assessment Team observed drinks being offered to consumers at regular intervals throughout the assessment contact visit, and hand gel being used by visitors and staff throughout the service.

The Assessment Team viewed evidence of processes in place to monitor staff compliance with this requirement and identify opportunities for improvement.

For the reasons detailed above I find Maurice Zeffert Home (Inc), in respect of David, Gita and Michael Hoffman Nursing Home, Compliant in relation to Requirement (3)(g) in Standard 3.

# 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)(b)**

* Ensure clinical staff demonstrate an accurate understanding of their role in completing consumers’ skin assessments annually or as their care needs change.
* Ensure clinical staff demonstrate an accurate understanding of their role in directing the use of pressure relieving interventions and in monitoring that these directives are followed.
* Ensure care and clinical staff demonstrate an accurate understanding of their role in monitoring skin integrity to detect damage early and escalate changes promptly.
* Ensure clinical staff demonstrate an accurate understanding of how to complete wound care plans and wound care records and monitor wound size and appearance to track the effectiveness of the care provided.
* Ensure restraint consent forms contain clear details of discussions with individuals giving consent about risks of using the specified restraint.
* Ensure restraint consent forms include the authorisation of a medical practitioner prior to the restraint being applied.
* Ensure pressure injury incidents are incorporated into the clinical indicator data analysis process to ensure deficits in care are identified and opportunities for improvement implemented.
* Ensure processes are in place to monitor staff compliance with the above actions.