David, Gita and Michael Hoffman Nursing Home

Performance Report

119 Cresswell Road
DIANELLA WA 6059
Phone number: 08 9375 4600

**Commission ID:** 7785

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

**Assessment Contact - Site date:** 14 July 2021

**Date of Performance Report:** 31 August 2021

# Publication of report

This Performance Report **will 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | 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.

# STANDARD 3 NON-COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Team also examined relevant documents.

The service developed a continuous improvement plan to assist them to return to compliance. Policies and procedures were updated, and staff received training to ensure they understood and followed policies and procedures. In addition, the Assessment Team found that overall consumers and representatives interviewed are satisfied with the care provided and were complimentary of staff.

However, the service does not effectively manage high impact or high prevalence risks associated with consumers’ care including risks associated with preventing and managing pressure injuries, managing risks of choking and monitoring medical conditions to reduce the impact on consumers. The service does not identify and respond appropriately when changes in consumers’ clinical needs occur and does not implement effective strategies to minimise and prevent impact from risks associated with the consumers’ changed needs.

The Quality Standard is assessed as Non-compliant as one requirement being Non- complaint results in a Non-complaint finding for the complete standard.

### 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 was able to gather evidence showing the service has implemented improvements to effective risk management. The service has reviewed and updated its policy and processes for use of restrictive practise (formerly known as restraint). The service has reduced the number of physical restrictive practices, improved documented informed and are reviewed on a three-monthly basis. The service has also 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. However, the Assessment Team was unable to demonstrate there is effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to the management of pressure area prevention and wound management, choking or the monitoring of medical conditions to reduce the impact on each consumer.

The Assessment Team found staff have not effectively managed the pressure injuries to assist in wound healing and to prevent further deterioration of the wound. In addition, the service has not effectively implemented pressure area prevention strategies to support effective wound healing. The Assessment Team found wound deterioration as a result of poor wound management as well as poor risk mitigation where consumers was at greater risk of wound deterioration.

The Assessment Team found that staff have not identified the needs, goals and preferences for a consumer to ensure there is supported to manage the risks related to a desire to continue to eat non-pureed food. The organisation has implemented planning to ensure consumers/representatives are aware where risk is identified. However, the Assessment Team found after a review of documentation and discussion with a consumer’s representative and staff, this is not always happening.

Furthermore, the Assessment Team found that the service has not implemented clinical care strategies to ensure the risks and the affects to the consumer are effectively managed. Staff were not able to demonstrate they follow the organisation’s policy and procedures reporting to the medical officer when instructed to do so.

The Approved Provider did not provide any further information to refute the Assessment Team findings. It is acknowledged that the Approved Provider has made some improvements to improve the high prevalent, high impact risks of physical restrictive practise there are still improvements to be made to the risks to consumers with regards to wound care, food safety and clinical care.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

# 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.

* Review and reform clinical and wound care provisions and food safety to mitigate high prevalence high impact risks for consumers.
* Ensure that practices and policies are consistently and effectively applied to ensure that high prevalence high impact risks are mitigated and reduced.