Epping Gardens

Performance Report

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**Commission ID:** 4573

**Provider name:** Heritage Care Pty Ltd

**Assessment Contact - Site date:** 15 October 2020

**Date of Performance Report:** 11 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | 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) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(c) | 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, infection control monitoring checklist, 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 on 4 November 2020.
* relevant information about the provider and service held by the Commission, including a Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions dated 28 July 2020

# 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

An overall compliance finding for Standard 2 is not made, as not all requirements in the Standard were assessed by the Assessment Team.

The Assessment Team found the provided did not meet requirement 2(3)(e). The provider submitted further evidence which demonstrates the service does comply with requirement 2(3)(e).

## 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.*

The service demonstrated assessment and care planning that was appropriate for consumers. Identified risks such as skin, continence, and dietary requirements were individualised to manage risks identified and to support delivery of safe and effective care. On 21 July 2020 the service reported its first COVID-19 infection, the infectious outbreak impacted 103 consumers, 38 of whom died during the outbreak. The Assessment Team found failures evident at that time in considering risks relevant to consumers have been mitigated.

Based on the evidence summarised above the provider complies 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.*

The Assessment Team found the service does involve and partner with consumers, their representatives and other professional staff. These partnerships contributed to the delivery of safe and appropriate care. Representative feedback included that initial concerns during the COVID-19 outbreak in regard to lack of communication about care and the poor flow of information more generally has since improved.

Based on the evidence summarised above the provider 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 found the service did not comply with this requirement as care plan evaluations for consumers who were transferred to hospital after contracting COVID-19 did not have a timely care plan evaluation on being returned to the service.

The provider’s response made a distinction between ‘evaluating care plans’ retrospectively which happens periodically on a set schedule and point in time ‘re-assessments’ which did occur.

The provider submitted a schedule of planned re-assessments for each consumer being transferred from hospital to the service which the provider stated was agreed through discussions with the hospital, In-Reach Geriatrician and a General Practitioner’s review of the hospital discharge summary for each consumer.

A review of consumer documentation submitted with the provider’s response demonstrated re-assessments in relevant care domains were initiated on the consumer’s day of return to the service.

Based on the evidence summarised above the provider complies 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 two of three requirements have been assessed as Non-compliant.

The Assessment Team found the provider did not meet requirements 3(3)(a) and 3(3)(b)

### 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 did not adequately demonstrate each consumer gets safe and effective clinical care that is best practice, tailored to their needs that optimises their health and wellbeing. The service’s self-assessment tool for minimising the use of restraint does not identify a relevant diagnosis/condition in line with recommended best practice for prescribing psychotropic medications. The self-assessment tool does not identify consumers subject to chemical restraint. The service did not demonstrate the use of chemical restraint was the last resort and the safety of the consumer was monitored. The service’s monitoring process has not identified these deficits.

The provider’s response outlined there have been several incidents where consumers returned to the service following their hospitalisation having been commenced on psychotropic medication. The provider stated that the service is in the process of identifying and removing unwarranted psychotropic medication.

Based on the evidence summarised above, at the time of assessment contact the use of psychotropic medication at the service did not align with a best practice and the service did not comply with this requirement of the Quality Standards.

### 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 did not have an overarching approach to consumers’ weight management and had an inconsistent approach to falls management.

In the provider’s response, evidence of a weight monitoring system was submitted based on average weight and a two-monthly cycle. A review of the weight loss records for consumers at the service demonstrate where weight loss has occurred a dietician has reviewed the nutrition and hydration status of the consumer. However, there is a lack of immediacy in the dietician’s review, on one occasion a consumer lost 5.5kg across 18 days and the dietician review did not occur for a further 13 days.

The provider’s response did not address the service’s falls management program or provide further evidence in relation to how conflicting accounts of falls incidents records and differing information, for example in records by allied health staff, are resolved in order that effective falls prevention strategies can be implemented.

Based on the evidence summarised above, the provider does not comply 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.*

In total 189 consumers and staff at the service were impacted by the COVID-19 outbreak which began in July 2020. At that time the service’s infection control systems failed and the risk to vulnerable consumers, 38 of whom died, was not effectively managed.

The Assessment Team found the service has taken on the expert advice from the Victorian Aged Care Response Centre and undertaken infection control training with specialist providers to improve its preparedness for the impact of any further COVID-19 outbreak in the service. The Assessment Team observed the infection control practices and use of personal protective equipment by staff to align with good practice.

The organisation has identified a number of key learnings and are in the process of participating in an independent review of the COVID-19 outbreak.

Clinical staff assess, monitor and evaluate antibiotic treatment and use preventive strategies to minimise antibiotics where possible.

The service’s infection control preparedness has improved and now complies with the expectations of this requirement of Standard 3.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Non-compliant as the requirement assessed was found to be Non-compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Non-compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found the service did not adequately demonstrate that appropriate action is taken in response to complaints and an open disclosure process is always used when things go wrong. While the organisation’s feedback and complaints management policy directs all complaints, including verbal complaints, are to be recorded this was not evident on the complaints register. Complaints were not always appropriately actioned, evaluated and closed.

The provider’s response noted their records showed 25 complaints being escalated to the Aged Care Quality and Safety Commission since August 2019 and acknowledge that not every part of the complaints register was complete.

In the absence of a complete record of informal and formal complaints, systemic improvements or actions to prevent the reoccurrence of similar circumstances impacting negatively on other consumers may not be fully realised.

Based on the evidence summarised above, the provider 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 five 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 service did not adequality demonstrate management of high impact high risks such chemical restraint is understood and that the least restrictive strategies are always implemented, and the health and wellbeing of consumers is monitored. Referrals to dietitians did not always occur in a timely manner and information available to develop strategies to prevent falls was not always accurate. The service’s monitoring systems have not identified these deficits.

An unauthorised personal gathering was held at the service in July 2020. The gathering breached COVID safety protocols. All staff participating have been performance managed.

The provider’s response acknowledges the incident occurred and the incident was unacceptable.

Based on the evidence summarised above, the provider 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 Assessment Team found that while the service has policies and procedures to guide a clinical governance framework management did not demonstrate these are effectively understood and applied. The service’s self-assessment tool minimising the use of restraint has not identified consumers chemically restrained. The service’s complaints register does not always demonstrate an open disclosure process has been applied when responding to complaints.

The provider’s response notes medical reviews are being undertaken for consumers on psychotropic medication. The response, while acknowledging gaps in the complaints register, stated that the service provides open disclosure to all complainants in relation to what occurred and what is being done about what occurred, and where the service is found at fault an apology is provided.

As the review of psychotropic medication is not complete and as the complaints register is not a complete record of the management of all complaints including a record of open disclosure if this has occurred the three aspects of this requirement have not been achieved by the service.

Based on the evidence summarised above, the provider 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.

* Ensure the use of psychotropic medications aligns with best practice guidelines, take immediate actions to finalise medication reviews of consumer’s on psychotropic medication.
* Review clinical systems to ensure that accurate records are kept and clinical incidents or any deterioration in the health and wellbeing of a consumer is acted on in line with best practice and good clinical judgement.
* Review the system for complaints management to identify barriers to the resolution of complaints at the service level. Ensure there is a mechanism to drive continuous improvements from feedback and complaints and this is occurring. Train staff in open disclosure, ensure it occurs as required and maintain accurate and complete complaint management records.
* Strengthen the clinical governance system to ensure deficits of care are identified and the governing body can make informed decisions to ensure the safety and wellbeing of all consumers.