Frazer Court Hostel

Performance Report

Frazer Avenue
PEAK HILL NSW 2869
Phone number: 02 6869 1400

**Commission ID:** 0271

**Provider name:** Frazer Court Committee Incorporated

**Assessment Contact - Site date:** 25 November 2020

**Date of Performance Report:** 14 January 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | 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 23 December 2020.

# STANDARD 1 COMPLIANT/NON-COMPLIANTCo

# 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.

Consumers sampled were not able to provide feedback on whether personal and clinical care is consistent with their needs, goals and preference. However, a consumer representative reported that while some staff may be underqualified to deliver best practice care, overall staff do deliver care consistent with optimising the consumers health and well-being.

The review of care and service records and interviews conducted with service management and staff does not support that clinical care provided to the consumers sampled is always aligned with best practice and does not always optimise consumers’ health and wellbeing.

The service has policies and procedures in place for high-impact, high prevalence risks to consumers, however they lack detail to guide staff appropriately. The service was unable to demonstrate safe and effective care in relation to chemical restraint, the tracking of psychotropic medications and pain management. The service has an appropriate outbreak management plan in place and staff displayed awareness and knowledge of infection control procedures.

The Quality Standard is assessed as Non-compliant as four of the seven specific requirements 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 that for those consumers sampled, review of care and service records does not support that the consumers always receive care that is safe, effective, tailored to their specific needs and preferences or aligned with best practice principles.

The Assessment Team noted that the organisations policies and procedures in relation to restraint are brief and do not include sufficient information to direct staff about psychotropic medication and when it constitutes chemical restraint. Additionally, documentation indicated that psychotropic medication is sometimes administered by care staff without obtaining the registered nurse input and that it is used as a first line approach to manage behavioural symptoms. Policies and procedures were identified to be in place for skin integrity and pain management, however pain was observed not to be managed in a timely manner for one consumer.

The Assessment Team were unable to obtain feedback from consumers directly related to their care, however one consumer expressed that they were in pain while a consumer representative reported that they were happy with the care that the consumer was receiving, however did believe that pain management of the consumer did not optimise their health and well-being.

The approved provider’s response included information to demonstrate their attempts to optimise pain management for a consumer and this is acknowledged. However, the approved provider did not refute the gaps identified in relation to documentation and administration of psychotropic medications and based on the findings at the time of the assessment I am satisfied this requirement in Non-compliant.

### 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 that the organisation does not always effectively manage high impact or high prevalence risks associated with the care of the consumers and that risks are not clearly identified and documented in care plans. Additionally, the Assessment Team noted errors had occurred with medication administration and identified gaps in staff procedures, communication and documentation related to the administration of medication. The Assessment Team found that chemical restraint is not always recorded accurately, and that consent was not always documented.

The Assessment Team found that adhesive notes were placed on medication charts to provide instruction and explanation. Staff interviewed acknowledged that improvements could be made in relation to medication administration and documentation.

The approved providers response acknowledged that further education for staff is required in relation to chemical restraint and provided information to demonstrate that there has been a reduction in the prescribing of psychotropic medications since the time of the assessment. Based on the findings at the time of the assessment, I am of the view that this requirement is Non-compliant.

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team found that processes for the escalation and response to deterioration in consumers’ condition were not effective for all consumers sampled. Specifically, the Assessment Team identified gaps in the response to one consumer’s physical condition and identified that this was not responded to in a timely manner. Additionally, the Assessment Team noted the incorrect use of a topical cream to treat a consumer’s condition.

The approved provider’s response clarified that the correct topical cream was used to treat a consumer’s condition and I am satisfied that this is not an area of concern. While the approved provider’s response identified their attempts to escalate concerns in a timely manner, gaps were still identified in staff practices and I am of the view this requirement is Non-compliant.

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment Team found that for the consumers sampled, care documents do not provide adequate information about the consumer’s condition, needs and preferences within the organisation and with others responsible for the consumer’s care. It was also noted that a consumer expressed dissatisfaction in relation to staff not being aware of their individual needs and preferences.

The Assessment Team identified that review of documents revealed gaps in communication between those involved in the consumers care and that documentation was incomplete. It was noted that staff acknowledged this was an area for improvement.

The approved provider’s response acknowledged the gaps identified and that they are committed to making improvements in relation to this requirement. I am satisfied that at the time of the site assessment this requirement is Non-compliant.

### 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.*

# 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 3(3)(a)

*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 approved provider must demonstrate:

* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, including but not limited to best practice pain management, appropriate chemical restraint documentation and effective monitoring of the use of such restraint, the tracking of the use of psychotropic medications and the provision of timely personal care.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* There are effective processes in place to manage high impact and high prevalence risks and that these are documented in care plans. Ensure that staff are provided with training to identify and respond to risks with particular emphasis on the chemical restraint.

### Requirement 3(3)(d)

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The approved provider must demonstrate:

* Staff are provided with adequate training and procedures to identify a change in consumers condition and there are processes in place to ensure that any change is escalated to the appropriate person and responded to in a timely manner.

### Requirement 3(3)(e)

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

The approved provider must demonstrate:

* Documentation contains updated and accurate information about consumers needs and preferences and that this is information is communicated amongst those who are involved in the consumers care. Ensure that any changes in consumers condition is updated accordingly in documentation.