Grace of Mary Greek Cypriot Elderly Hostel

Performance Report

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**Commission ID:** 3527

**Provider name:** The Community of Cypriots of the Northern Suburbs of Melbourne Inc

**Assessment Contact - Site date:** 27 October 2020

**Date of Performance Report:** 25 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** | **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) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | 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 13 November 2020.

# STANDARD 2 NON-COMPLIANTOngoing 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 five specific requirements 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 that for the consumers sampled assessment of risk was not effectively undertaken and risks were not identified. The skin risk assessment tool being used was incomplete and did not include the risk legend to determine level of risk. While management were able to describe the initial assessment process for consumers which includes clinical risk assessments, three consumers’ clinical documentation reviewed did not reflect this process and contained significant gaps in assessments completed and the timeliness of the completion of clinical risk assessments.

The response submitted by the approved provider acknowledges the identified deficits and notes that the organisation is looking to purchase an electronic care system. The response also reports that the current skin risk assessment tool has been updated and staff training on risk assessments has commenced and will continue. The response also notes that deficits noted by the Assessment Team in relation to specific consumers have been rectified.

Having considered all the information provided, and whilst acknowledging the significant challenges faced by the service during the recent COVID-19 outbreak, I do however find this requirement is Non-Compliant. The approved provider was unable to demonstrate that assessment effectively considers risks to consumers’ health and well being and that this information is used to inform consumers’ care plans and care delivery.

### 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 that assessment and planning is generally completed with involvement from the consumer and/or their nominated representative, and other organisations are involved as required. Representatives interviewed reported that they are included in the assessment and care planning process and gave examples of ongoing partnership to address care needs. Staff described the monthly ‘resident of the day’ process and how consumers and or representatives are involved. Documentation reviewed by the Assessment Team confirmed this ongoing partnership.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement Compliant as the service was able to demonstrate ongoing partnership with consumers and/or representatives and other relevant organisations in assessment and care planning.

### 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 that the service did not demonstrate that care plans and assessments are reviewed for effectiveness when circumstances change or when incidents impact on care provided.

The Assessment Team provided an example of reassessment not being completed for a consumer following their return from hospital with significant changes to their condition. The Assessment Team also provided an example of a consumer whose pain was not effectively monitored when a change to their pain medication was made.

The response submitted by the approved provider refutes that this requirement is not met as the service was able to demonstrate regular ‘resident of the day’ reviews. The response also acknowledges the deficits identified in the care of individual consumers described by the Assessment Team and describes actions taken to address them, including staff training on assessment and pain management.

Whilst the service does conduct regular resident of the day reviews in consultation with consumer and/or their representatives, the approved provider was unable to demonstrate that changes in consumers’ condition are consistently reviewed in a timely way and responded to effectively. I find this requirement is Non-Compliant.

# 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

The Quality Standard is assessed as Non-compliant as three 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 the service did not demonstrate they have understood and applied their ‘minimising the use’ of restraint policy to ensure each consumer gets best practice clinical care that optimises their health and well-being. Clinical data is not effectively collated and analysed to identify deficits in care and enable actions to be implemented in a timely manner. Consumers’ pain is not effectively monitored and managed. The Assessment Team provided examples of consumers who were prescribed a psychotropic medication which the service did not recognise was a chemical restraint, noted that psychotropic medication authorisation and evaluation forms are not consistently completed and that attempts of the use of non-pharmacological strategies are not consistently recorded prior to the use of ‘as required’ medication. Behaviour management plans sampled contained limited information with lack of identification of triggers for specific behaviours and generic interventions. ‘As required’ strong pain-relieving medication was administered to a consumer following a fracture, on numerous occasions without a further assessment of the consumer’s pain management regime. Monitoring of the management of a consumer’s wound was not comprehensive.

The response submitted by the approved provider acknowledges the identified deficits and records actions taken to address issues for individual consumers and discusses the provision of staff training in relation to the management of restraint and other clinical issues.

Having considered all the information provided I find this requirement is Non-Compliant. Notwithstanding actions commenced by the approved provider to address the identified deficits, the service was unable to demonstrate that each consumer gets safe and effective clinical care.

### 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 demonstrate effective oversight of unplanned weight loss and falls. Clinical data is not effectively collated and analysed to identify deficits in care and enable actions to be implemented in a timely manner. While approximately 60 percent of consumers did not experience significant weight loss during the COVID-19 outbreak, those consumers who did experience unplanned weight loss have not seen by a dietitian in a timely manner. The Assessment Team provided examples of consumers who had experienced weight loss during their hospital stay, and on their return to the service not being referred to a dietitian in a timely manner, and of a consumer who did not have neurological observations consistently recorded following a fall. The Assessment Team also provided examples of clinical data related to falls and other incidents not consistently recorded to enable effective clinical monitoring and oversight.

The response submitted by the approved provider acknowledges the deficits identified by the Assessment Team, and also notes the challenges faced by the service during the COVID-19 outbreak, including the fact that agency staff and surge workforce were not able to maintain paper-based records during this difficult time. The response notes that the service’s policies and procedures were available on line during the assessment contact, but that the Assessment Team did not access these but reviewed the printed version of the service’s policies and procedures. The response did not make clear which version of policies and procedures staff use to guide care, or why an out of date paper version of the policies and procedures was still available. The response also outlines actions taken to address identified issues including review of individual consumers, staff training in relevant clinical areas and the purchase of a weigh scale that has been attached to the lifting machine.

Based on consideration of the information provided I find this requirement is Non-Compliant as the service was unable to demonstrate effective management of high impact, high prevalence risks to consumers such as falls and unplanned weight loss.

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

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

The Assessment Team found that advanced care planning and end of life care meet the needs, goals and preferences of the consumers. Comfort is maximised, and dignity is preserved. Representative feedback indicated that communication about possible end of life care during the COVID-19 outbreak was open and compassionate. Staff discussed the cultural challenges around end of life care conversations and advanced care planning undertaken with consumers. A policy, processes and documentation for end of life care and advanced care planning are in place.

The approved provider did not submit a response to this requirement.

Based on the information provided I find this requirement is Compliant as the service was able to demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed and comfort and dignity is maintained.

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

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

The Assessment Team found that timely and appropriate referrals to individuals or other organisations has not occurred in response to change or deterioration. The Assessment Team provided examples of consumer’s whose unplanned weight loss was not referred to a dietitian in a timely manner. In one instance it was 25 days post return from hospital before the consumer was reviewed by the dietitan.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement is Non-Compliant as the service was unable to demonstrate timely and appropriate referrals to other health care providers.

### 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 has a suite of policies and procedures to guide minimisation of infections including a COVID-19 outbreak management plan which was developed in partnership with the service’s nurse advisor. The service has implemented and maintained a number of infection control measures. Staff have been provided with training and the service has a process to monitor staffs’ ongoing infection control practices. The Assessment Team observed the service to have sufficient supplies of personal protective equipment (PPE). All staff were observed to be wearing surgical masks and face shields and/or eye protection. There were clear don/doff stations set up throughout the service including processes to support cleaning and storage of face shields while on break and/or using the bathroom. The Assessment Team also observed other prevention strategies in place including signage, social distancing and entry screening.

Policies and procedures are relation to appropriate antibiotic use are in place.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement is Compliant as the service was able to demonstrate that strategies and practices to minimise infection related risks have been strengthened and maintained.

# STANDARD 7 NON-COMPLIANTHuman 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 one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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 that representatives sampled felt there were sufficient staff at the service. The service has not received any feedback or concerns raised through their complaints mechanisms in relation to staffing. However, I note that the service does not have a process to monitor call bell response times. The service undertakes reviews of their roster based on feedback from stakeholders, changes in consumer acuity and on occupancy levels of the service. Unplanned leave is replaced. The service has taken actions to engage Australian wide staffing agencies in the event of another COVID-19 outbreak at the service.

The approved provider did not submit a specific response to this requirement but did discuss the challenges of finding and supporting a replacement workforce during the recent COVID -19 outbreak.

Having considered the information provided I find this requirement is Compliant as the service was able to demonstrate current workforce sufficiency.

### 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 that the service did not demonstrate staff are adequately trained to deliver the outcomes required by these standards. The Assessment Team identified deficits in Standards 2 and 3 relating to clinical risk assessment, management of psychotropic medications, skin integrity, pain and unplanned weight loss management. Documentation showed staff have not been educated on these topics.

The response submitted by the approved provider identifies a number of topics covered in mandatory and additional education with a particular focus on the cultural, spiritual and emotional needs of the consumers. The response acknowledges the need to ensure staff are trained in the clinical requirements of their roles and the provider has undertaken to provide this training.

Based on a review of all the information available I find this requirement is Non-compliant as the service was unable to demonstrate that staff have been trained and supported to deliver required clinical outcomes for consumers.

# STANDARD 8 NON-COMPLIANTOrganisational 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 that the organisation has a suite of policies developed by their peak body which include how high impact or high prevalence risks associated with the care of consumers is managed, the abuse and neglect of consumers is identified and responded to and how consumers are supported to live the best life they can.

While the service has clinical policies to manage high impact high prevalence risks, the service’s systems to identify and manage risks associated with the care of consumers and monitoring of staff practices are not effective. For example, documentation reviewed found ineffective management of clinical risk assessment, psychotropic medications, skin integrity, pain and unplanned weight loss management. Collated clinical data is not an accurate reflection of what is happening in the service or effective in identifying deficits in the assessment, planning and follow through of consumer care.

The approved provider submitted a response outlining training held and/or scheduled for staff in relation to clinical risk assessment, restraint, management of psychotropic medications, pain management, management of unplanned weight loss and skin integrity.

While recognising the importance of clinical training for staff, this is only one component of an effective risk management system to manage high impact and high prevalence risks for consumers. Having considered all the information provided I find this requirement is Non-compliant as the service was unable to demonstrate effective risk management systems and practices in relation to high impact and high prevalence risks for consumers.

### 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 organisation was unable to demonstrate oversight of the standard of clinical care being delivered. The service did not demonstrate understanding of and application of the minimising the use of restraint policy to ensure each consumer gets safe and best practice care. Refer to Standard 3 requirement 3 (3) (a).

The response submitted by the approved provider acknowledges the need for further staff training in the minimising the use of restraint and antimicrobial stewardship and notes this will be scheduled on a regular basis.

While recognising the importance of clinical training for staff, this is only one component of an effective clinical governance system. Having considered all the information provided I find this requirement is Non-compliant as the service was unable to demonstrate effective clinical governance processes and practices.

# 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.

* Implement a process to ensure all consumers have effective initial and as required assessments including clinical risk assessments undertaken in a timely manner.
* Ensure all consumers’ potential risks identified through the assessment process are addressed through the care plan interventions to ensure safe and effective delivery of care.
* Ensure care and services are reviewed for each consumer when circumstance change, such as following an incident, on return from hospital and when consumers’ condition changes. Ensure reassessments are conducted as required and care plans are updated.
* Ensure effective management of psychotropic medications for consumers as required under current legislation. Ensure strategies are in place to minimise the use of chemical restraint for consumers. Ensure consumers’ challenging behaviour and pain is effectively assessed, managed and monitored. Ensure consumers’ wounds are managed effectively.
* Ensure risks associated with consumers’ care including unplanned weightless, and falls are identified, prevention strategies implemented and monitored to determine effectiveness.
* When incidents such as consumer falls occur, ensure these are managed effectively, reported and escalated as required.
* Ensure timely referrals to other health professionals are made when required and recommendations implemented.
* Ensure staff receive training in the clinical aspects of their role with a particular focus on assessment of clinical risk, management of psychotropic medications, skin integrity, pain and unplanned weight loss.
* Implement effective risk management systems and practices with a focus on high impact and high prevalence risks to consumers. Ensure risks are identified and data is collected, analysed, acted on, escalated as required and reported to the governing body.
* Implement effective clinical governance processes and practices to ensure oversight of the antimicrobial stewardship, minimisation of the use of restraint and use an open disclosure approach when things go wrong.