Gymea Bay Aged Care

Performance Report

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**Commission ID:** 2249

**Provider name:** Apex Software Pty Limited

**Assessment Contact - Site date:** 12 February 2022

**Date of Performance Report:** 11 March 2022

# Performance report prepared by

P Lai, delegate of the Aged Care Quality and Safety Commissioner.

# 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |

The service has existing non-compliance in two requirements of the Aged Care Quality Standards, 2(3)(e) and 3(3)(b), which were not assessed at this assessment contact and therefore remain as current non-compliance. The current non-compliance in 2(3)(e) and 3(3)(b) is in addition to the three requirements, 2(3)(a), 2(3)(b) and 3(3)(a) listed as non-compliant above. Therefore, this service is currently non-compliant with five requirements of the Aged Care Quality Standards.

# Detailed assessment

This performance report details the Commissioner’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 3 March 2022.
* The provider’s response to information requested under s67 of the Aged Care Quality and Safety Commission Rules - received on 23 February 2022.

# STANDARD 2 NON-COMPLIANT 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

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The service was able to demonstrate assessment and planning occurring for some consumers at the service. However, the service did not demonstrate systematic assessment or reassessment to reflect a consumer’s current needs. The service also did not demonstrate comprehensive assessment in relation to behaviour management and restrictive practices.

## The Assessment team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## 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 service did not demonstrate systematic and comprehensive assessment of the risks to a consumers’ health and wellbeing.

The Assessment Team reviewed a sample of care documentation and identified incomplete or outdated assessment and planning documents. For example, one consumer had recently entered the service and some assessments were conducted to inform the delivery of their safe and effective care provision, but there was no assessment information regarding high risks to the consumer such as pain, continence, nutrition, and blood glucose monitoring. An interim care plan was also not evident at the time of assessment.

A few other sampled consumers had changes in their conditions that were not consistently documented in their assessment or management plans to inform the delivery of safe and effective care and services. For example, these consumers experienced falls, behaviour incidents, changes in skin integrity/pressure injuries, and pain, but did not have their assessments and care documentation updated to inform the continued delivery of safe and effective care and services.

Staff interviewed advised that interim care plans are routinely completed, care plans are reviewed every month and updated on a need’s basis, and care plans are regularly offered to consumers and representatives during case conferences. One staff confirmed they ‘didn’t think’ the interim care plan had been completed for the aforementioned consumer who recently entered the service.

Additional care documentation was also reviewed based on a request for information on care documentation for six consumers. The documentation provided did not demonstrate evidence of consistent and comprehensive assessment and planning of behaviours for the sample of consumers, and/or the development of a Behaviour Support Plan (BSP) when required. Three consumers that had a BSP did not have a plan that met the minimum requirements as set out by the Quality of Care Principles; as examples, their plans did not include alternative strategies to restrictive practices for addressing the behaviour, or information about changed behaviours needing support and information regarding their occurrences.

Furthermore, the service’s assessment and planning does not always demonstrate consideration of restrictive practices. One consumer requiring supervision of mobility was identified to use a low bed and fall crash mat, but care documentation did not demonstrate assessment of this risk to the consumer as a mechanical restraint. One other consumer was identified to use an antipsychotic to treat behavioural and psychological symptoms, however, it was not appropriately considered as a chemical restraint. Furthermore, two other consumers have been identified to be prescribed medication that may be considered chemical restraints, but documentation does not indicate their clinical use and it is unable to determined whether they should be considered chemical restraints.

The provider has responded to the findings of the Assessment Team. In regard to the consumer with incomplete assessments on entry to the service, the provider has submitted evidence of assessments such as an interim plan (completed post-the on site assessment contact visit), mobility and transfer assessment, physiotherapy assessment, falls risk assessment, personal hygiene and other relevant assessments. However, I note that some assessments to manage risks to this consumer are still not evident such as pain and continence assessments.

In regard to a second consumer who did not have their falls risk assessment tool (FRAT) updated after a fall, the provider has noted the correct date of the fall and submitted progress notes demonstrating that a physiotherapist had conducted a falls assessment two days after the incident. The FRAT submitted by the provider remains the one completed prior to the fall and does not reflect the change in risk factor or score from the identified fall.

In regard to other consumers, the provider has noted that baseline assessments had been completed for skin assessments, and staff are familiar with consumers and the management of their skin and pain conditions. Furthermore, they also note that they do not complete pain charts as they believe their consumers can communicate to staff whenever they are in pain. They note any further assessments and monitoring are recorded in progress notes, and they have submitted evidence of progress notes commenting on pain for consumers and a skin assessment for consumer. One consumer sampled did not have evidence of pain monitoring occurring, although the provider states that the consumer already reported to have nil complaints of pain in a prior assessment.

I acknowledge the provider’s response and have considered the evidence above in making a decision.

Based on the evidence available, I am of the view that assessment and planning is not consistently completed in a manner that readily informs the risks to a consumer’s health and wellbeing. The service’s assessment and planning system/methodology did not demonstrate a comprehensive assessment of all the risks for consumers entering the service. The service’s assessment and planning also does not adequately consider the risks to consumer’s in relation to behaviour management and restrictive practices.

I find this requirement non-compliant.

### Requirement 2(3)(b) Non-compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The service did not demonstrate an assessment and planning system that reflected a current assessment of the consumer’s needs, goals and preferences.

The Assessment Team reviewed a sample of care documentation and identified the service combines individual assessments and management plans into one document to inform care. However, these individual assessments did not appear to reflect a consumer’s current needs, goals and preferences. The team identified examples of assessments/management plans that were not updated to reflect the current needs of consumers such as skin assessments, wound assessments, nutrition and hydration assessments, palliative care assessments, fall assessments, and pain assessments. Furthermore, individualised consumer goals were not identified on the assessment plans.

Staff were interviewed regarding the sampled consumers above. One staff acknowledged they had not completed recent skin assessments for two consumers. For one of the consumers sampled with a current pressure injury, management staff did not demonstrate an awareness of the current state of the injury and were unable to identify when a second wound chart was commenced.

The Assessment Team also noted there were challenges to access information during the assessment. One staff was also unable to locate the care plans for consumers (although I note another staff was able to do so). The Assessment Team also noted their observations that the service did not utilise the care plan section of their computerised documentation system.

The Assessment Team interviewed four consumer representatives for feedback. Two representatives mentioned their consumers have deteriorated in the service; one of the representatives mentioned that their consumer was being looked after as well as can be expected by the service, although they were not aware of their consumer’s pressure injury and how it was acquired. One other consumer representative mentioned they were not satisfied with the care being provided and have been told “very little” of their consumer’s care requirements. The fourth consumer representative noted that they have only seen their consumer’s care plan once, although they know staff keep notes and would provide them information when asked.

The provider has since submitted a response explaining they do not manually update their assessment/management plans or complete a new assessment to reflect changing information or transient changes to care for consumers. They have explained their assessment documentation are used as baseline documents. They further explain they update and inform care using a variety of ‘dynamic’ methods such as daily handover reports, individual shift worksheets, staff memos, progress notes, alerts in their computerised documentation system and others. They have submitted some evidence to support instances of timely review and assessment of care. They also note that their assessments/management plans have goals listed on them.   
  
Furthermore, in response to findings regarding individual consumers, the provider has highlighted the familiarity of the staff with consumers and their staff’s capacity to report or be aware of any changes in consumer conditions. The provider also notes in a few instances they do not make reassessments after changed needs if they believe a repeat assessment would not provide any useful information. They wish to highlight numerous instances where a condition has been identified, treated, and managed in the absence of an assessment that is current.

The provider has also noted that the consumer representative and staff feedback have been misconstrued.

I acknowledge the provider’s response and have considered the evidence above in making a decision. I acknowledge that the provider uses a range of assessments to plan and inform care. I note their response about the staff and consumer feedback as misconstrued is difficult to respond to and consider as evidence in making a decision on this requirement.

However, I am not satisfied that assessment and planning is consistently occurring to identify and address the consumer’s current needs, goals and preferences (as required of this standard). Whilst the provider could demonstrate some assessment and planning occurring to assess a consumer’s current needs, the service did not demonstrate a systematic or consistent process applied to comprehensively reassess consumers for risks whenever their current needs change, and to reassess if current interventions are working.

Furthermore, the service did not consistently update assessments to support the changed needs of consumers. I understand the service explains that changes to consumers and records of assessments are recorded in progress notes and other ‘dynamic’ documentation, however, it is not clear how these provide staff with a readily accessible holistic overview and implementation plan to help meet the consumers’ needs and preferences at that point in time. I also note the goals listed on the assessments are generic goals and are not individualised goals that demonstrate person-centred planning.

Also, I note the provider’s response has noted the impact of COVID-19 on their operations and staffing levels. I acknowledge and appreciate the difficulties experienced by the provider during this time. I believe this circumstance also highlights the importance of up to date assessments and management plans with readily available information to inform the delivery of safe care and services, particularly if staff that are not familiar with consumers are working in the service.

Based on the evidence available, I find this requirement Non-compliant.

# 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

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.

Overall, feedback from consumers and representatives were mixed. Some consumer (or their representatives) consider that they receive personal care and clinical care that is safe and right for them, while some other consumer representatives were dissatisfied with their consumers care.

However, review of care documentation showed consumers do not all get safe and effective personal care and/or clinical care, that is best practice, is tailored to their needs and optimises their health and well-being.

### The Assessment team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### 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 service does not follow best practice guidelines in clinical care to ensure all consumers at the service receive safe and effective care that is tailored to their needs, health, and well-being. Areas of concern include pressure and wound care, pain management, weight management, behaviour management and restrictive practices.

The Assessment Team reviewed the care of multiple consumers whom had or continue to have deteriorating wounds, pressure injuries or other skin integrity issues. It was identified wound charting for some consumers has been conducted at inconsistent intervals, photographs were of poor quality and/or missing a measuring tool to understand wound size, and wound descriptions and sizing were not always present, consistent, or accurate. Assessments were not completed in response to further deterioration or changes, and some consumers had limited documentation regarding the progress or management of the wound or pressure injury.

These consumers sampled also did not have recent documentation to demonstrate assessment of pain associated with their injuries. This lack of pain monitoring was similarly found with another consumer who was hospitalised from a fall and did not have monitoring of their pain on return from hospital.

The Assessment Team reviewed a sample of consumers who are or were experiencing weight loss at the service. One consumer has lost significant weight and documentation reviewed did not indicate consistent monitoring of food intake, and there has not been recent ongoing consultation with a medical officer in relation to the consumer’s weight and associated management strategies. The team identified a dietician review has not occurred but noted the consumer’s recommended weight range was changed as the consumer lost further weight. The team identified one other consumer that had lost weight, and it was noted their nutrition and hydration plans were not updated, there was no evidence of a referral to a dietician, and there was no evidence of the kitchen or staff following advice for weight management from a medical officer.

The Assessment Team reviewed the behaviour management of consumers at the service. One consumer was identified to have incidences of aggression that were not reported or accompanied by an investigation. Their behaviour charts have regular entries but do not indicate that individualised strategies are consistently used to manage these behaviours to prevent harm to themselves and others. It is noted that another consumer received two wounds because of this consumer’s physical aggression, and there were no incident reports regarding the matter and their representatives were not informed. As noted in Requirement 2(3)(a), this consumer of one of those who did not have a behaviour support plan that meet the minimum requirements as set out the Quality of Care principles, which would otherwise support appropriate management of behaviours at the service.

The Assessment Team also reviewed psychotropic use at the service and identified that the service has a high use of psychotropic medications, with an increasing use of psychotropic medications over the previous months. Some of these consumers did not have documentation indicating the reason for prescription, and the team notes there is no internal register to monitor the use of these medications.

The service has provided their restrictive practices policy and procedure in response to the request for information. A review of this document indicates that it does not reflect current best practice; as examples, it does not capture all five types of restrictive practices and the policy only refers to consumer’s displaying behaviours due to a diagnosis of dementia.

A sample of staff were interviewed regarding the sampled consumers. In regard to one consumer with pressure injuries and weight loss, the staff noted that the service does not use any repositioning charts and staff know how and when a consumer requires repositioning through a verbal handover. They also note that staff were aware of this consumer’s weight loss, but a dietician was not referred to as the staff did not see what the dietician could offer differently to manage this consumer’s weight. They also explain some errors in wound charting for this consumer (and another consumer) as ‘human errors’. Staff were unable to explain the deterioration in the pressure injury for this consumer. In regard to the consumer behaviour management, staff were unable to provide an explanation of the incident and injury at the time of the assessment contact.

A sample of consumers (or their representatives) were also interviewed regarding care at the service and provided mixed feedback. Some consumers noted their satisfaction with the care and staff at the service. On the other hand, two consumer representatives described dissatisfaction with the care provided and the communication they receive in regard to their consumer.

The provider has since responded to the above concerns. They dispute some assessments of wounds by the Assessment Team. They did note that some wound charts did contain inconsistent documentation and have attributed these to staffing irregularities due to COVID-19. The provider reiterates that they deliver care for pressure injuries without the need to complete repositioning charts as they can trust their care staff have repositioned consumers every 2-4 hours.

The provider disputes that weight management has not been monitored or treated appropriately. They note that one consumer sampled has a medical officer visit weekly who is aware of their deteriorating condition. They also note that staff are familiar with the consumer’s eating habits and have been assisting the consumer to eat for a long period of time, and there has been no reason to maintain a food chart.

The provider also explains that the consumers with pain were monitored regularly as supported by progress notes, staff knew the consumers well and could assess if they were in pain, and the consumers would be able to self-report their pain. For these reasons, they did not need to conduct pain charting.

The provider disputes the assessments of psychotropic use at the service. They note there is no chemical restraint used at the facility and hence there is no internal register to monitor cessation of psychotropic use.

I acknowledge the evidence submitted by the provider to support some of the care they have provided and have taken this into account when making a determination on the requirement.

Based on the available evidence, I am not satisfied that best practice has been followed when delivering care to consumers. There are still outstanding concerns with the management of behaviours and restrictive practices at the service, and concerns whether a multidisciplinary approach has been routinely used to manage care of consumers.

I also have concerns with assessment and monitoring of other aspects of clinical care. I appreciate the provider’s view that they ‘focus on care’ and ‘not paperwork’, and I understand the service’s delivery of care partially relies on their staff’s familiarity with consumers, trust in staff to have delivered care, and expectations that consumer will self-report their pain. Yet, I also note the provider has correctly pointed out that the sector has experienced difficulties with COVID-19 and this service has experienced staff irregularities, shortages, and a high use of agency staff (as per the provider response).

Given the lack of care documentation (or inconsistencies in documentation) for assessment and planning, it is difficult for me to see how agency staff without the same familiarity with consumers can deliver best practice care that is required by a consumer to minimise risks to their wellbeing. Also, if care documentation and records are not maintained, it is not clear to me how the service identifies and manages the risk of optimal care not being delivered in the context of staff shortages and use of agency staff.

Alongside the identified deterioration of some sampled consumers, I am not persuaded that best practice care has been delivered and whether the consumer received the most optimal outcomes they could have achieved.

### Based on the available evidence, I find this requirement Non-compliant.

# 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 2(3)(a)

*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.*

* Ensure all consumers entering the service have a comprehensive assessment of all risks to their health and well being
* Ensure comprehensive assessment and planning of behaviour management and restrictive practices that adhere to the Quality of Care Principles 2014

### Requirement 2(3)(b)

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

* Ensure there is a process to consistently/systematically assess and document a consumer’s current needs, risks, and intervention strategies, particularly when needs change.

### Requirement 3(3)(a)

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that*

* Ensure management of behaviours and restrictive practices at the service are according to best practice and/or Quality of Care Principles 2014
* Ensure care delivered to consumers is consistently documented to inform staff and enable safe and effective personal care