Haddington Nursing Home

Performance Report

126 Duncan Street
TENTERFIELD NSW 2372
Phone number: 02 6736 4444

**Commission ID:** 0569

**Provider name:** Tenterfield Care Centre Limited

**Assessment Contact - Site date:** 25 January 2021

**Date of Performance Report:** 24 February 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | 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) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | 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 on 25 January 2021, observations at the service, review of documents and interviews with staff, consumers/representatives
* the Assessment Team’s infection control monitoring checklist completed during the Assessment Contact on 25 January 2021
* the provider’s response to the Assessment Contact - Site report received 17 February 2021.
* information held by the Commission including referrals received internally.

# 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

Overall sampled consumers and representatives considered that they feel like partners in ongoing assessment and planning of consumers’ care and services. Consumers and representatives interviewed said they are involved in initial assessments upon entry to the service and ongoing planning of the consumer’s care. Consumers and representatives interviewed are informed about the outcomes of assessment and planning and can have access to the consumer’s care and services plan if they wish.

#### The service demonstrated it generally identifies and addresses consumer’s current needs, goals and preferences, including advance care planning and end of life planning. Care and services reviews are completed on a regular basis for effectiveness and in conjunction with the consumer/representative.

The service did not demonstrate assessment and planning processes are implemented to inform the delivery of safe and effective care and services as the service did not consistently consider the risk for individual consumers when completing assessments.

The Quality Standard is assessed as Non-compliant as one 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 provided information that the service did not demonstrate assessment and planning processes are implemented to inform the delivery of safe and effective care and services. The service does not consistently consider the risk for individual consumers when completing assessments. This was particularly relevant to the consideration of:

* risks to the consumers who have restraints in use
* risk in relation to weight management
* risk in relation to condition change following return from hospital
* risk in relation to smoking.

The Approved Provider in its written response acknowledged deficiencies identified by the Assessment Team and provided information and supporting evidence of actions that have been taken since the Assessment Contact:

* a review was undertaken for all consumers who have restraint in place – this information is further considered in below Requirement 3(3)(a) non-compliant decision
* risk assessment and dietary assessment was completed for the consumer identified in relation to weight management
* pain assessment was completed for the consumer identified following return from hospital with condition change
* risk assessment was completed for the consumer identified in relation to smoking and planned area safety assessment
* a plan for continuous improvement was updated to include deficiencies identified by the Assessment Team and planned actions and completion date to rectify the deficiencies.

Whist I acknowledge the Approved Provider has implemented some actions to address the deficiencies identified by the Assessment team, at the time of the Assessment Contact the service did not consistently consider the risk for individual consumers when completing assessments.

I find this Requirement non-compliant.

### Requirement 2(3)(b) 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.*

### 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.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### 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.*

# 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

Overall consumers and representatives interviewed confirmed that consumers get the care they need, and it supports the consumer’s health and well-being. Consumers and representatives interviewed stated that consumers have access to medical officers or other health professionals when this is required, and said the referral occurs promptly.

The service is supported with policies, procedures and other written resources and training material about best practice care delivery. Information guides staff in engage with consumers, representatives and health professionals in assessment and care planning processes, use of validated assessment tools and management of identified risks to optimise consumer health and wellbeing.

Staff demonstrated an understanding of how to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

The service did not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care in relation to restraint management. This was particularly relevant to the assessment, authorisation and monitoring of the use of chemical and physical restraint.

The Quality Standard is assessed as Non-compliant as one 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 provided information that the service did not demonstrate that personal and clinical care delivery is best practice to optimises each consumer’s health and well-being, in relation to assessment, consent and authorisation of physical and chemical restraint.

Whist the service’s restraint policy and procedure is consistent with the requirements set out in the amended *Quality of Care Principles 2014*, consumers’ care documentation and authorisations reviewed by the Assessment Team does not evidence that this policy has been followed by staff during the assessment or review of chemical and physical restraint provided for consumers. Although the service maintains a psychotropic medication register that identifies the type of medication prescribed, the register does not identify consumers’ relevant diagnosis to support the rationale for the use of psychotropic medication.

The Approved Provider in its written response acknowledged deficiencies identified by the Assessment Team and provided information and supporting evidence of actions that have been taken since the Assessment Contact:

* a review of all consumers who have restraint in use was undertaken
* all relevant documentation including risk assessments for consumers with restraint usage were planned to be completed
* a fact sheet on chemical and physical restraint was provided to all consumers and representatives that includes information on risk associated with restraint usage, restraint authorisation, consent and monitoring process
* a self-assessment tool for recording consumers receiving psychotropic medication was completed with relevant information including each consumer’s diagnosis for the prescribed psychotropic medication
* a plan for continuous improvement was updated to include deficiencies identified by the Assessment Team and planned actions and completion date to rectify the deficiencies.

Whist I acknowledge the Approved Provider has implemented some actions to address the deficiencies identified by the Assessment Team, at the time of the Assessment Contact the service did not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care in relation to restraint management.

I find this Requirement non-compliant.

### Requirement 3(3)(b) Compliant

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

### 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.*

### Requirement 3(3)(d) 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.*

### Requirement 3(3)(e) 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.*

### Requirement 3(3)(f) Compliant

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

### 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 2(3)(a) – The Approved Provider ensures assessment and planning that includes consistent consideration of risks to the consumer’s health and well-being informs the delivery of safe and effective care and services.
* Requirement 3(3)(a) – The Approved Provider ensures that each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being, particularly for those consumers with physical or chemical restraint.
* The Approved Provider establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.