Hixson Gardens Aged Care Facility

Performance Report

1A Hixson Street
BANKSTOWN NSW 2200
Phone number: 9791 9609

**Commission ID:** 1018

**Provider name:** Arete Health Care (Bankstown) Pty Ltd

**Assessment Contact - Site date:** 26 August 2020

**Date of Performance Report:** 29 September 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 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-Compliant** |
| Requirement 8(3)(d) | 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 23 September 2020.

# 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.

The Assessment Team found that three specific requirements were not met.

Each consumer does not 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.

There is a lack of effective management of high impact or high prevalence risks associated with the care consumers.

### There is insufficient minimisation of infection related risk. There is a lack of outbreak preparedness.

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 each consumer does not 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. Best practice was not identified at the service. Review of care planning documentation found deficits in some aspects of personal and clinical care provision; care provision is not tailored to sampled consumers’ needs and does not optimise well- being. Risk assessments are not evident for some consumers choices where risk was identified by the Assessment Team. Care plans are not reviewed regularly or reviewed following incidents. Pain is not monitored and managed appropriately at the service. There is not regular review of consumers known to have depression and appropriate referrals to mental health services are not made in a timely manner. Consumer feedback was mixed about how well they’re receiving care that meets their needs. While staff described appropriate reaction to consumer needs, they did not describe a proactive approach to knowing and meeting their needs. Case conferences between staff, consumers and their representatives have not occurred in 2020. There is high incidence of skin integrity issues. During the entry meeting management said no consumer had a pressure injury; this is not consistent with what is reflected in the wound report. While there is a high use of psychotropic medication, the service has had a significant reduction in use of benzothiazolines over the past 12 months. There has been a corresponding increase in the use of antidepressants in the same period and five consumers do not have a diagnosis indicating their use.

In their response, the approved provider submitted information about the sampled consumers and the issues raised by the Assessment Team. While I accept that the approved provider has taken actions since the date of the assessment contact to make improvements such as conduct risk assessments, update care plans and make referrals to Mental Health Services, this does not substantiate compliance at the time of the assessment. Information was not provided to support that at the time of the assessment, care plans are reviewed regularly or updated following incidents. While progress note entries were provided which confirmed that consumers and representative had a conversation with Lifestyle staff about preferences to increase engagement and minimise challenging behaviours, no care plan was provided which would demonstrate needs, goals and preferences are considered and communicated clearly to care and clinical staff. I acknowledge the plan for improvements reported by the approved provider to increase frequency of reviews of care plans and the use of a new behaviour monitoring chart to improve description of behaviour and allow better evaluation.

I am of the view that the approved provider does not comply with this requirement as they have not demonstrated at the time of the visit that consumers get safe and effective personal and 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 that there is a lack of effective management of high impact or high prevalence risks associated with the care consumers. These risks relate to managing challenging behaviours such as wandering, high risk smoking, unauthorised absence and consumer assault; managing depression and skin integrity. In response to the risk-based questions, asked in the entry meeting, management did not identify any high risk or high prevalence incidents. While there are policies relating to risk, management do not demonstrate an understanding of risk minimisation or management.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. I acknowledge the information that the approved provider has submitted showing accident data input for falls, skin tears, pressure areas, and infections. While this shows the information is captured by the service, there was no analysis provided which articulates the service’s awareness and plan for how they will address the high impact high prevalence risks to consumers across the service. This confirms the view of the Assessment Team that management did not demonstrate an understanding of risk minimisation or management. As described in my compliance decision relating to Requirement 3(3)a, I acknowledge that the service has provided risk assessment’s that were conducted for sampled consumers after the assessment contact visit. While this improvement addresses the needs of those consumers, it does demonstrate compliance at the time of the visit. I am not persuaded that there is an effective system to ensure that all consumers with risks associated with their care are identified and plans are in place to minimise the risk of harm.

I am of the view that the approved provider does not comply with this requirement as they have demonstrated that they do not effectively manage high impact and high prevalence risks associated with the care of each consumer.

### Requirement 3(3)(g) Non-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 Assessment Team found there is insufficient minimisation of infection related risk. There is inadequate outbreak preparedness. The living environment does not support infection control management and risk minimisation. A matrix has not been maintained to demonstrate that all staff have completed the mandatory COVID 19 education and related donning/doffing PPE and hand washing competency. While staff could describe correct procedure, many were observed to be wearing masks incorrectly. There are no specific plans for cohorting consumers in the event of an outbreak. There are also no plans for how staffing would be arranged to support cohorting. The DON said that antibiotic use is monitored through monthly data. When a course of antibiotics is completed a urinalysis is repeated. Practices to prevent infections include providing extra fluids to consumers at risk of infection and monitoring staff infection control practices. Consumers hands aren’t sanitized before meals.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. I accept that the approved provider has made changes to their outbreak management plan following feedback from the Assessment Team. I have reviewed the training matrix provided by the approved provider of education that has been undertaken concerning infection prevention and control and specifically COVID-19. While I accept that this shows the number of staff who have undertaken the COVID -19 training relevant to their position, this is not dated and I cannot confirm whether this occurred prior to, or following the assessment contact. I note however, that the accompanying training records that were submitted are all dated to have occurred following the assessment contact. I don’t consider that this information demonstrates compliance with this requirement at the time of the assessment contact. I also acknowledge that actions have been taken to provide information for surge staff in an accessible format should the need arise, following feedback from the Assessment Team. I acknowledge that improvements have been undertaken in relation to the environment related issues raised by the Assessment Team since the assessment contact.

I am of the view that the approved provider does not comply with this requirement as it does not, at the time of assessment demonstrate appropriate minimisation of infection related risks.

# 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The Assessment Team found that one of one specific requirement was not met.

High impact or high prevalence risks associated with the care of consumers is not managed to minimise risk to consumers.

The abuse and neglect of consumers is not always identified and responded to.

Consumers are not supported to live the best life they can.

The Quality Standard is assessed as Non-compliant as one 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 while the organisation has a documented risk management framework, including policies, it is not effective in managing risk of harm to consumers associated with high prevalence high impact risks, identifying and responding to abuse or neglect and supporting consumers to live the best life they can. There have been unexplained absences of consumers resulting in risk to vulnerable consumers without improvements to safety systems. Management said all consumers are provided with the exit code to the service and if they remember it they can freely exit the service when they want to. The DON said they key code is documented in consumer information. She said she believes this is a requirement of her service. Consumer feedback, documentation and observations confirm consumers do not live the best life they can. Incidents/allegations of potential sexual assault have not been reported as required and vulnerable consumers have not been protected.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team in connection with their response to requirement 3(3)b. While I accept that the approved provider has a documented risk management system, I am not persuaded that it is effective. This is based on the reasoning in the compliance decision relating to 3(3)b. While the service records incidence of consumer risks, I have not been provided any analysis of these risks, nor any plan for how to address them.

I am of the view that the approved provider does not comply with this requirement as they did not demonstrate that they have effective risk management systems.

# 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 that:

* care provision is tailored to consumers’ needs and optimises well- being;
* risk assessments are evident for consumers choices where relevant;
* care plans are reviewed regularly or reviewed following incidents;
* pain is monitored and managed appropriately at the service;
* there is regular review of consumers known to have depression and appropriate referrals to mental health services are made in a timely manner;
* staff can describe a proactive approach to knowing and meeting consumer’s needs;
* case conferences between staff, consumers and their representatives are occurring;
* there is a lowered incidence of skin integrity issues;
* management have a knowledge of the number of consumer’s with pressure injury at any time in the service.

### 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 that:

* there is effective management of high impact or high prevalence risks associated with the care consumers. These risks relate to managing challenging behaviours such as wandering, high risk smoking, unauthorised absence and consumer assault; managing depression and skin integrity;
* management can identify high risk or high prevalence incidents at the service;
* management understand risk minimisation and management as it relates to high impact and high prevalence risks at the service.

### Requirement 3(3)(g)

*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 approved provider must demonstrate that:

* there is minimisation of infection related risk;
* there is adequate outbreak preparedness;
* the living environment supports infection control management and risk minimisation.
* A matrix has is maintained to demonstrate that all staff have completed the mandatory COVID 19 education and related donning/doffing PPE and hand washing competency with dates of completion;
* There are specific plans for cohorting consumers in the event of an outbreak.
* consumers hands aren’t sanitized before meals.

### Requirement 8(3)(d)

*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 approved provider must demonstrate that:

* it is effective in managing risk of harm to consumers associated with high prevalence high impact risks, identifying and responding to abuse or neglect and supporting consumers to live the best life they can.
* there has been a reduction in unexplained absences of consumers resulting in risk to vulnerable consumers through improvements to safety systems;
* consumers are provided with the exit code to the service based on a risk assessment to determine safety to exit unaccompanied;
* consumer feedback, documentation and observations confirm consumers are living the best life they can;
* incidents/allegations of potential sexual assault have been reported as required and vulnerable consumers have been protected.