Hixson Gardens Aged Care Facility

Performance Report

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BANKSTOWN NSW 2200  
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**Commission ID:** 1018

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

**Assessment Contact - Site date:** 2 February 2021

**Date of Performance Report:** 1 April 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)(g) | 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 Assessment Team’s Infection Control Monitoring checklist completed during the site audit
* the provider’s response to the Assessment Contact - Site report received 9 March 2021 which consists of a letter of response, a register of attachments and supporting documentation.

# 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 and examined relevant documents – 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 two 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.

The Assessment Team identified there are precautions in place to prevent and control infections with improvements identified with the service’s infection control program generally, and in relation to COVID-19.

The Quality Standard is assessed as Non-compliant as two 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 found 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. The Assessment Team identified gaps in areas of personal and clinical care including chemical restraint, pain management and skin integrity.

Consumers interviewed by the Assessment Team provided mixed feedback on the personal and clinical care and services they received. Staff interviewed could describe clinical and personal care practices and procedures in place in relation to skin integrity, pain management and minimising the use of physical and chemical restraint, however not all a staff were aware if they had received recent education on clinical care and training records did not reflect training had occurred for all staff.

Documentation reviewed, including care plans, progress notes and charting for consumers, does not always reflect care that is safe, effective or tailored to the specific needs and preferences of the consumer. For named consumers this included chemical restraint, pain management and skin integrity.

In relation to chemical restraint and psychotropic medication the Assessment Team identified for a consumer with increasing challenging behaviours there was no documentation of regular monitoring for potential side effects for a new prescription of an antipsychotic medication, the service did not demonstrate the consumer or their representative were involved in the decision making associated with the use of restraint and non-pharmacological interventions were not attempted and exhausted prior to administration of chemical restraint. The consumer had a documented history of challenging behaviours including absconding and was on a half hourly sight observation, however the consumers risk assessment and environmental restraint were not reviewed when behaviours escalated, and incidences occurred.

A review of the services self-assessment tool for recording consumers receiving psychotropic medications demonstrates there has been a reduction in the use of psychotropic medication at the service. The management stated all consumers of the service who are currently receiving psychotropic medications have a diagnosis for their intended use, however, the Assessment Team observed for two consumers prescribed psychotropic medications there was no evidence of an underlying diagnosis for the medication prescribed.

In relation to pain management, a review of care documentation identified gaps in routine pain assessments and management for a consumer who experienced acute on chronic pain. The Assessment Team described how the relationship between pain and aggressive behaviour has not been explored in line with best practice dementia care, refer to Standard 3, requirement 3(b).

The Assessment Team review of care documentation identified deficits in wound management, including wound assessments, with photographs of wounds in care files not always clear, well positioned or taken weekly as per the service’s clinical procedure for wound care. The management advised the service was in the process of changing to an iPad to photograph wounds more effectively.

The approved provider in their response submitted further clarifying information for the consumers sampled and the issues with personal and clinical care raised by the Assessment Team. I acknowledge the clarifying documentation provided related to staff training with further records provided demonstrating staff have completed training in the restraint policy, chronic pain and skin integrity in January 2021.

In relation to chemical restraint and psychotropic medication use, the approved provider provided further information that for a consumer some pharmacological interventions to restraint were attempted prior to administration of chemical restraint however I note this was not exhausted. Since the assessment contact further strategies, such as one on one nursing, have been commenced for the consumer. The service has updated the deficits identified in the risk assessment and the behaviour care plan for a consumer. Whilst I acknowledge the approved provider provided further clarifying information that the prescribing of chemical restraint was discussed with the consumers representative, in reviewing the response provided there was no documentation that evidences monitoring of the consumer for possible side effects of the medication occurred during the time the chemical restraint was administered.

In relation to pain management for a consumer who experienced acute on chronic pain the approved provider provided further information that clarified the consumer is under specialist care and physiotherapist care for pain management with routine pain assessments and documentation of pain management in copies of the electronic medication system and the electronic files provided.

I note the approved provider provided further information on the gaps identified in the timing of wound assessments for a consumer, however the photographs of the wound care provided demonstrated photographs are not clear, well positioned or taken weekly as per best practice guidelines. The providers response provided information of a case conference which documents a consumer was not satisfied with the current dressings provided by clinical staff with the consumer taking photos of the dressings to discuss at the case conference. I note there was no follow up to this concern raised by the consumer in the documentation provided.

Following the assessment contact the approved provider has taken actions to make improvements to best practice clinical care including a review of care to consumers who displays challenging behaviours, however this does not substantiate compliance at the time of the assessment. Sufficient time is required to undertake the planned actions related to this requirement and to demonstrate their effectiveness.

I have considered the Assessment Teams report and the approved provider response and I find at the time of the assessment contact the consumers sampled were not always receiving safe and effective clinical care with inconsistencies in clinical practices and documentation for the health and well-being of consumers at the service.

I find this requirement 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 the organisation trends and analyses high impact and high prevalence risks associated with care, however documentation reviewed demonstrated there are several key high impact and high prevalence risks that are not effectively managed, including falls management, and behaviour management.

Some of the staff interviewed did not considered they had received procedural instructions and training to facilitate effective management of high impact or high prevalence risks associated with their care, particularly in regard to consumer in the service with challenging behaviours including absconding and physical aggression.

The Assessment Team identified falls as a high impact or high prevalence risk for consumers with incidences of high and frequent falls in the last three months resulting in hospitalisation and injury to consumers with the documented interventions not always adequate to minimise risk to consumers. For one consumer care and services file reveals falls have not been investigated to prevent reoccurrence of falls.

Documentation reviewed, including care plans, progress notes and charting for consumers does not always reflect consumers effective management of behaviours for example, for a consumer who is verbally and physically aggressive, sexually inappropriate, wanders and interfered with other consumers belongings, or damaging property there is a lack of evidence to support a thorough investigation has been conducted, a referral to a dementia advisory service has not occurred and there was limited strategies to minimise the risk of reoccurrence. For another consumer with acute on chronic pain and challenging behaviours, review and analysis of the consumers behaviour incidents, behaviour chart, progress notes, pain assessments and use of pain medication reveals episodes of behaviours related to experiencing pain however this is not always recognised or adequately monitored.

The approved provider in providing a response to the Assessment Team’s findings considers there is an effective management of high impact or high prevalence risks associated with the care of each consumer. However, the approved provider does acknowledge the issues identified by the Assessment Team in regard to effective management of consumers with challenging behaviours with the provider outlining improvements to be implemented in the delivery of care, specific for challenging behaviours to minimise incidences.

The approved provider provided further information, in relation to a consumer with challenging behaviours including a referral to the Severe Behaviour Response Team however this has occurred following the assessment contact. I note for a consumer with both challenging behaviours and frequent falls the provider has increased the nursing care to the consumer to supervisory one on one care to minimise the risk for reoccurrence. For individual consumers identified by the Assessment Team, the approved provider has provided evidence the service has conducted care plan reviews including falls minimisation strategies and managing challenging behaviours following the assessment contact.

The approved provider has taken actions since the date of the assessment contact to make improvements to effectively manage falls including a new project underway with the services pharmacist to audit consumers who falls and prescribing practices of high-risk medications. Sufficient time is required to undertake the planned actions related to this requirement and to demonstrate their effectiveness.

I have considered the Assessment Teams report and the approved provider response and I find at the time of the assessment contact there is not consistent effective management of high impact or high prevalence risks 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 find this requirement 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.*

The Assessment Team identified improvements the service has made to minimising infection related risks following the assessment contact on 26 August 2020. The improvements included a revision of the outbreak management plan, improving standard transmission-based precautions to prevent and/or control a COVID-19 outbreak, increased temperature monitoring procedures. There was evidence of further staff training and increased cleaning schedules to prevent and control infections.

The Assessment Team reported that most staff interviewed in relation to standard and transmission-based precautions were able to describe how they apply infection control practices in their day to day work. Observations demonstrated the service was clean, there were sufficient hand hygiene touch points, density signage was displayed, and physical distancing was practiced in staff areas.

The Assessment Team observed personal protective equipment (PPE) and donning/doffing stations were well stocked, with appropriate PPE posters/instructions displayed, and the stations were well situated throughout the service. The management described how the service has entered into an interfacility agreement with two other services in the same organisation to enable sourcing of surge supplies of PPE, meals, and workforce as required in the event of an outbreak.

At the time of the assessment contact the staff of the service were observed to be complying with appropriate mask wearing requirements. A review of the services training records demonstrated that all current staff have undertaken mandatory infection control, COVID-19, PPE competency and hand washing competencies - consistent with action items on the plan for continuous improvement (August 2020).

The service displayed COVID-19 related signage in both English and Arabic to inform Arabic speaking consumers at the service. There were COVID-19 information posters observed including large graphics to assist consumers who are unable to read or are cognitively impaired.

The Assessment Team described how staff and clinical management interviewed could demonstrate strategies utilised at the service to minimise antibiotic usage including monthly monitoring and practices implemented to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The approved provider’s letter of response includes further information to clarify improvements relevant to the issues identified at the time of the assessment contact including updating the terminology in the services site-specific outbreak management plan and process improvements to enable surge workforce personnel to access the electronic management system in the event of an outbreak occurring.

I have considered the Assessment Teams report and the approved provider response and I find on the balance of the information provided at the time of the assessment contact infection related risks were minimised through implementation of standard and transmission-based precautions to prevent and control infection with practices in place to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

I find this requirement Compliant.

# STANDARD 8 NON-COMPLIANT Organisational 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 the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management, 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 effectively to minimise risk to consumers.

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 of high impact and high prevalence risks that identifies and responds to abuse and neglect of consumers; and supports consumers to live the best life they can, it is not effectively applied in managing risk of harm to consumers. This includes the areas of falls management, the management of pain, challenging behaviours, wounds, and minimising the risks associated with psychotropic medication use and restraint.

Staff interviewed were able to identify the high impact and high prevalence risks associated with the care of consumers at the service including COVID-19 and infection-related risks, falls and challenging behaviours of consumers. However, some staff were unaware of the high risk and high prevalence polices and what this means for them in a practical way. A review of training records demonstrated not all staff had attended training on high impact or prevalence risk areas despite the deficits in training identified in the plan for continuous improvement dated November 2020.

The Assessment team reported the service showed a lack of adherence to its clinical procedures for high impact/high prevalence risk for consumers and in reference to Standard 3(3)(a) and 3(3)(b) some consumers have not been supported to live the best life they can. This includes for a consumer prescribed psychotropic medication at time of the assessment contact there was no documented monitoring for potential side effects that were indicated by the medical officer on the medication chart. The consumers were observed to have displayed signs of the side effects following a fall with sustained injury. A review of the consumers file identified deficits in investigations post fall and management of challenging behaviours.

The approved provider’s letter of response includes they refute the Assessment Teams findings and the provider considers they manage high impact and high prevalence risks associated with the care of consumers, with consumers supported to live the best life they can.

The approved provider’s letter of response includes further information on actions undertaken since the assessment contact in August 2020 to address identified gaps relating to this Quality Standard. The approved provider in their response provided further clarifying documentation of staff training records that demonstrates staff have undergone recent training on high impact and high prevalence risks associated with the care of consumer with further training planned throughout 2021.

In relation to consumers with deficits identified in Standard 3(3)(a) and 3(3)(b) I note for some consumers withhigh impact or high prevalence risks the documentation provided does not evidence the risk management system was effectively applied to support all consumers to live the best life they can at the time of the assessment contact. For a consumer prescribed psychotropic medication with reported side effects the risks to the consumer were not effectively managed. I note the approved provider provided additional information that the psychotropic medication has been ceased post incident when side effects were reported by the medical officer.

Whilst I acknowledge there is planned improvements to address the deficits identified with risk management systems and practices, these were not in place at the time of the assessment contact and will take time to implement.

I have considered the Assessment Teams report and the approved provider response and I find that whilst the approved provider has a documented risk management system, I am not persuaded that it is effective inmanaging high impact or high prevalence risks associated with the care of consumers to support them to live the best life they can.

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.

The approved provider is required to:

Accreditation Standard 3: Personal care and clinical care

* Ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.
* Undertake a review of consumers receiving psychotropic medication to identify consumers with chemically restraint and demonstrate restraint minimisation is being practiced.
* Improve the processes for monitoring and recording wounds.
* Ensure staff undertake further training on the high-impact and high-prevalence risks associated with the care of consumers at the service.
* Implement effective falls prevention strategies for consumers identified with high-impact and high-prevalence risks.
* Ensure consumers with diagnosed cognitive impairment have individualised behavioural management strategies in place.

Accreditation Standard 8: Organisational governance

* Ensure effective risk management systems and practices, including but not limited to managing high-impact and high-prevalence risks associated with the care of consumers, to support consumers to live the best life they can.