Howard Solomon Aged Care Facility

Performance Report

91 Hybanthus Road
FERNDALE WA 6148
Phone number: 08 6228 0400

**Commission ID:** 7250

**Provider name:** Grand Lodge of WA Freemasons Homes for the Aged (Inc)

**Assessment Contact - Site date:** 28 April 2021

**Date of Performance Report:** 8 June 2021

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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.

# STANDARD 3 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.

The service was previously found to be Non-compliant with Requirements 3(3)(a) and 3(3)(b) in an assessment contact conducted on 20 August 2020. The service has since demonstrated improvements in delivering safe and effective care, in particular regards to pressure injuries, pain management, nutritional management, reduced oral intake and physical restraint.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

Documentation review and interviews confirm there is regular assessment and planning of consumers’ clinical and personal care. Progress notes capture daily changes in consumer health and follow up completed by the clinical team. Care plans are updated following an incident or decline in health.

Clinical and care staff described individual consumer’s needs and preferences, and how they are informed of changes to each consumer’s care. Staff also identified high prevalence risks for individual consumers and strategies in place to minimise these risks.

The organisation has policies and procedures that support the workforce to deliver care that meets the consumer’s needs, goals and preferences.

### Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 was found to be previously Non-compliant with this requirement following an assessment contact conducted on 20 August 2020, as safe and effective care was not evidenced for restraint, pressure injuries, pain management and nutritional management.

The Assessment Team has identified that the service has since implemented actions to improve by providing staff further training, updating policies and procedures and implementing electronic assessment and care planning tools.

The Assessment Team notes these actions have been effective as consumers interviewed stated they get the care they need, and staff interviewed were able to describe the improvements and how they would manage clinical care according to policies and procedures.

The Assessment Team reviewed a sample of consumer care documentation and noticed that care related to restraints, pressure injuries, pain management, and nutritional management are now appropriately managed, including accurately assessed, monitored and documented, management strategies are in place, reviewed regularly, and evaluated. The service has also demonstrated that all restraints are discussed and reviewed with consumers and/or their representatives every three months, and staff are guided by an updated restraint policy that explains to staff what constitutes a restraint and that restraints are only used as a last resort.

I find this requirement Compliant.

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

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

The service was previously found Non-compliant with this requirement following an assessment contact conducted on 20 August 2020, as the service did not demonstrate management of high impact or high prevalence risks associated with pressure injury, physical restraints, and reduced oral intake.

The Assessment Team has since identified the service has taken actions to improve through further staff training, updating of policies and procedures, and implementing a new tool and review process to manage these risks.

The Assessment Team reviewed consumer care documentation and identified that these improvements have been effective in regard to managing pressure injury, physical restraints and reduced oral intake.

I find this requirement Compliant.

# STANDARD 8 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 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 service was previously found to be Non-compliant with Requirement 8(3)(d) in an assessment contact conducted on 20 August 2020. The service has since demonstrated they have improved in this requirement as a result of actions they have taken including the updating of policies and procedures and staff training.

The service could also demonstrate they identify and respond to elder abuse and support consumers to live the best life they can. The incident management system is used to report incidents and analysis takes place to ensure preventative strategies are implemented. The service has completed serious incident response training with staff and could demonstrate they understand the reporting of incidents within that system.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided**.**

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) 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*
4. *managing and preventing incidents, including the use of an incident management system.*

This requirement was previously identified as Non-compliant from a previous assessment contact since the service did not demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers.

The Assessment Team has since identified improvements the service has made to manage high impact or high prevalence risks. This included staff training and the updating of policies related to the minimisation of restraint and the management of skin integrity, pressure injuries and weight loss. The service has also developed a tool to designate the risks associated with each consumer to staff members, and weekly meetings are held to discuss these risks and/or clinical indicators. Staff interviewed were able to describe the training they have received and how the improvements have now helped them more effectively manage high impact or high prevalence risks.

The Assessment Team reviewed a sample of care documentation which demonstrated that risks to consumers have since reduced (compared to the previous assessment contact) and risks are actively being managed by strategies.

The Assessment Team also notes that the service has an incident management style in place and has risk management frameworks to identify and respond to abuse and neglect of consumers, and supporting consumers to live the best life they can.

I find this requirement Compliant.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.