Indochinese Aged Care Services

Performance Report

680 Cabramatta Road West   
Bonnyrigg NSW 2177  
Phone number: 02 8786 1888

**Commission ID:** 0581

**Provider name:** Indochinese Aged Care Limited

**Assessment Contact - Site date:** 4 November – 5 November 2021

**Date of Performance Report:** 9 December 2021

# Performance report prepared by

E Woodley, 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 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **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 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

# 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 6 December and 8 December 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers and representatives interviewed by the Assessment Team generally expressed satisfaction with the service and in particular how the service enables consumers to follow their cultural preferences. However, some consumers and representatives said management does not treat them with respect.

Consumers and representatives were dissatisfied that the service’s restrictions on visiting were stricter than NSW Health advice and this impacted on relationships between consumers and their families.

The Assessment Team found that some practices in the service did not ensure that each consumer is treated with dignity and respect. The service had not taken appropriate measures to support consumer’s relationships.

The Quality Standard is assessed as Non-compliant as one of the six specific requirements have been assessed as Non-compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team found that some practices in the service did not consistently ensure each consumer is treated with dignity and respect. Consumer’s privacy was compromised through CCTV (closed-circuit television) monitoring throughout the service, some of which was visible to other consumers and visitors. Some consumer and representative feedback, and observations by the Assessment Team, indicated staff interactions were not always respectful of consumers and their representatives. Consumers and representatives interviewed by the Assessment Team were dissatisfied that the service’s restrictions on visiting were stricter than NSW Health advice and this impacted on relationships between consumers and their families.

The approved provider’s response identifies that visitor restrictions were put in place at the height of the COVID-19 pandemic and have since been revised to allow more visitors with less restrictions. The approved provider’s response provided clarifying information regarding some of the staff interactions observed by the Assessment Team that demonstrated these were not disrespectful to consumers.

The approved provider’s response identifies that CCTV use at the service is in accordance with the organisation’s policies and procedures. However, to improve these practices and ensure use is more respectful of consumers and their privacy, the service has disabled the screen to which CCTV throughout the service common areas was visible to visitors and other consumers. The service has updated their policies to reflect this change as well as changes to consumers and representatives accessing CCTV footage.

While I accept that strict visitor restrictions and the use of CCTV monitoring were put in place by the service to protect consumers, at times these practices imposed on the respect, dignity, privacy and choice of consumers and their representatives. While improvements have been made to these practices, at the time of the Assessment Contact, not all consumers were treated respectfully, with their dignity and privacy maintained.

I find this requirement is Non-compliant.

# 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.

Some consumers and representatives interviewed by the Assessment Team did not consider that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and representatives generally expressed satisfaction with care provision. However, consumers and representatives who were asked about involvement in care planning indicated they had not been involved.

The Assessment Team found that assessment and planning processes do not always address consumer risk and wellbeing, provide current information to direct safe and effective care, and are not always undertaken following change to consumer needs.

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 found that care assessment and planning did not consistently address risks to the consumer’s health and well-being, and did not provide comprehensive and current information to inform safe and effective care for all consumers. Assessments and care planning was not effective in minimising the risk of falls and unexplained bruising for some consumers. For two consumers, nutrition and hydration was not reassessed following identification of weight loss and/or change in dietary requirements. For one consumer who had an oral infection, no pain assessment or oral assessment had been completed.

The approved provider’s response provided further information about increased weight monitoring for the two consumers identified in the Assessment Team’s report who experienced weight loss. The approved provider identified continuous improvement actions implemented since the Assessment Contact including a review of all consumer’s nutrition and hydration assessments to ensure consistent information, and education for staff on assessment and care planning, oral care, nutrition and hydration, and pain assessment.

At the time of the Assessment Contact, the service did not demonstrate that assessment and planning consistently considered risks to the consumer’s health and well-being and informed the delivery of safe and effective care.

I find this requirement is 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 Assessment Team also examined relevant documents.

Most consumers and representatives interviewed by the Assessment Team provided positive feedback about the care provided to consumers. However, some raised concerns about the competence of staff in providing some aspects of care.

Care documentation reviewed by the Assessment Team indicated that consumers did not consistently receive effective personal care and clinical care that is best practice, tailored to their needs, and optimises their health and well-being. This includes in relation to skin care, falls minimisation, restrictive practices, and medication management.

The Assessment Team found the service had not implemented effective measures to minimise infection related risks.

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 personal and clinical care provided to consumers was not consistently best practice, tailored to their needs, and optimised their health and well-being. The service has a high incidence of unexplained bruising and falls, and interventions to manage these have not been effective or tailored to optimise the consumer’s health and well-being. The service did not demonstrate pain monitoring or observations following incidents including skin tears, falls and oral infection. For one consumer who has a feeding tube, the Assessment Team identified gaps in the documentation and management of the feeding tube. The service did not demonstrate effective identification, consent and minimisation of restrictive practices including chemical restraint, environmental restraint, and mechanical restraint. Some consumers and representatives interviewed by the Assessment Team identified some issues with personal and clinical care delivery including one staff member assisting a consumer with mobility when they require two staff assist, and gaps in medication management.

In their response, the approved provider identified some clarifying information regarding wound management, skin integrity, and review and use of psychotropic medication for some consumers. Regarding pain assessment and management, the approved provider’s response identifies that for some consumers they were reviewed by their medical officer for pain following a fall, or staff reported that non-verbal assessments were completed but not recorded. For the consumer identified in the Assessment Team’s report with a feeding tube, the approved provider demonstrated documentation has been reviewed and updated, and improvements made to the recording and monitoring processes.

In their response the approved provider identified continuous improvement actions implemented since the Assessment Contact to improve the personal and clinical care delivered to consumers. This includes staff education and investigation of bruises and skin injuries. Following the Assessment Contact, the service has reviewed and ceased the use of environmental and mechanical restraint at the service.

At the time of the Assessment Contact, the service did not demonstrate that personal and clinical care provided to consumers was consistently best practice, tailored to their needs, and optimised their health and well-being.

I find this requirement is 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 that the high impact or high prevalence risks associated with the care of each consumer were not always effectively managed. For some consumers, high risk medications such as anticoagulant therapy and psychotropic medications were not effectively monitored to minimise the risk of negative impacts to the consumer. While the service demonstrated monitoring and analysis of high impact and high prevalence risks such as falls, bruises and skin tears, incidences of these are high and strategies to minimise these risks have not been effective. While actions to minimise these risks are identified on a regular basis, these actions are generally the same and not reviewed for effectiveness despite incidences increasing. While manual handling was identified as a high prevalence risk for the service, not all staff had completed the required annual manual handling competency at the time of the Assessment Contact. For two consumers, interventions to minimise the risk and impact of constipation were not effective and one of these consumers did not have interventions to manage this risk identified in their care plan despite having a history of constipation.

In their response, the approved provider identified clarifying information regarding monitoring of consumers on anticoagulant therapy and psychotropic medications, and review of medication incidents. The approved provider’s response identifies continuous improvement actions implemented since the Assessment Contact to improve the management of high impact and high prevalence risks. This includes staff education and training, review and updates to consumer care planning documents, and improvements to the service’s incident management system and risk management systems.

At the time of the Assessment Contact, the service did not demonstrate that the high impact and high prevalence risks associated with the care of each consumer are effectively managed.

I find this requirement is Non-compliant.

### 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 the service’s infection prevention and control practices in relation to COVID-19 were not best practice. Observations by the Assessment Team were that some staff practices did not follow appropriate infection prevention and control precautions. For example, some staff did not wash or sanitise their hands between caring for different consumers, and shared equipment including computers were not sanitised between use. The Assessment Team observed there to be minimal handbasins and sanitiser stations throughout the service to enable appropriate hand hygiene, including hand sanitiser not available near shared equipment and lifts. The Assessment Team found the service’s COVID-19 outbreak plan provided limited direction in the event of an outbreak.

The approved provider’s response identified clarifying information regarding the service’s COVID-19 outbreak plan that demonstrated it provides direction and guidance in the event of an outbreak.

The approved provider’s response identifies continuous improvement actions to improve the standard and transmission based precautions to prevent and control infection implemented at the service. This includes monitoring of staff practices, increased sanitiser stations and disinfectant wipes throughout the service, and reduced shared equipment for consumers such as slings.

At the time of the Assessment Contact, the service did not demonstrate the minimisation of infection related risks through the effective implementation of standard and transmission based precautions to prevent and control infection.

I find this requirement is Non-compliant.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers did not raise any concerns about the service’s environment and equipment.

However, the Assessment Team found the service does not have an effective system to ensure maintenance and monitoring of equipment is undertaken. Defects in the service’s fire system had not been actioned in a timely manner.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(c) Non-compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

Consumers interviewed by the Assessment Team did not raise any concerns about the condition of furniture, fittings, and equipment. Equipment such as lifters and wheelchairs were observed to be generally well maintained. However, the Assessment Team identified defects in the service’s fire system that had not been actioned in a timely manner. All fire extinguishers checked by the Assessment Team did not have a service tag after November 2020 and gaps in the annual equipment report provided by the fire equipment contractor in October 2021 had not been rectified. Monthly fire contractor inspection reports show faults are recorded but do not indicate that the identified faults are attended to, and some faults appeared repeatedly for several months.

In their response, the approved provider demonstrated that since the Assessment Contact all fire equipment defects have been addressed and the fire contract agreement has been reviewed to ensure fire and safety compliance. The service has since reviewed the organisational structure to identify a person responsible for monitoring maintenance in the service.

At the time of the Assessment Contact, while most furniture, fittings and equipment was clean and well maintained, fire equipment was not safe and maintained including identified defects were not rectified.

I find this requirement is Non-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 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).

Most consumers and representatives interviewed by the Assessment Team considered that the organisation is well run and were satisfied with care and service delivery.

However, the organisation did not demonstrate that effective risk management systems and practices were in place in relation to managing high impact and high prevalence risks associated with the care of consumers. Risk management systems had not effectively managed or prevented incidents, or supported consumers to live their best life.

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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found that while a documented risk management framework was in place at the service, it had not been effective in managing the high impact or high prevalence risks associated with the care of consumers. While the service demonstrated monitoring and analysis of high impact and high prevalence risks such as falls, bruises and skin tears, incidences of these are high and strategies to minimise these risks have not been effective. The service did not demonstrate effective incident investigation and review of strategies to prevent further incidents occurring. The Assessment Team found the service had restricted visitor practices which negatively impacted on consumers and their families, and did not enable consumers to live their best life.

In their response the approved provider identified continuous improvement actions implemented since the Assessment Contact to improve risk management systems and practices at the service. These include a review of risk management systems and practices including reporting to the Board, staff education, and the implementation of a multi-disciplinary clinical governance committee to have oversight of the service’s continuous improvement.

At the time of the Assessment Contact, the service did not demonstrate that risk management systems and practices implemented at the service were effective in managing the high impact or high prevalence risks associated with the care of consumers, supporting consumers to live their best life, and managing and preventing incidents.

I find this requirement is 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 1(3)(a)

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The approved provider must demonstrate:

* Practices and procedures at the service promote the respect and dignity of each consumer.
* Consumer’s choice, identity, culture, and diversity is valued.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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.*

The approved provider must demonstrate:

* Assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* Consumer assessment and planning is reviewed following the identification of risks to the consumer’s health and well-being.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Consumer pain and skin integrity is appropriately assessed, managed, and monitored to optimise their health and well-being.
* Restrictive practice processes are best practice, including used as a last resort, minimised/used for the least amount of time possible, and with informed consent from the consumer and/or representative.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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:

* The high impact and high prevalence risks associated with the care of consumers are effectively identified and managed.
* Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care for consumers.
* Interventions to minimise high impact and high prevalence risks are reviewed for effectiveness.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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:

* Standard and transmission based precautions to prevent and control infection are effectively implemented at the service.
* The service keeps informed of, and follows, appropriate infection prevention and control practices in relation to COVID-19.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 5(3)(c)

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The approved provider must demonstrate:

* Furniture, fittings, and equipment are safe, clean, well maintained, and suitable for the consumer.
* The service has effective processes in place to identify and action risks to the safety, cleanliness and maintenance of furniture, fittings, and equipment, and the service environment.
* Maintenance of furniture, fittings and equipment is attended to in a timely manner.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The approved provider must demonstrate:

* Risk management systems are consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers, supporting consumers to live their best lives, and managing and preventing incidents, including the use of an incident management system.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.