Infinite Care Cornubia

Performance Report

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**Commission ID:** 5341

**Provider name:** Infinite Aged Care (SEQ) Pty Ltd

**Assessment Contact - Site date:** 28 May 2020 to 29 May 2020

**Date of Performance Report:** 8 July 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(b) | 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)(f) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | 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 on 26 June 2020.
* Referral information received by the Commission.

# STANDARD 2 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

### The Assessment Team did not assess all requirements of Standard 2, therefore, an overall compliance rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### 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.*

Overall consumers and representatives sampled confirmed advance care planning needs are discussed.

The Assessment Team identified through a review of care planning documents, the service has established processes for identifying consumers’ current needs, goals and preferences including in relation to advance care planning and end of life preferences. This included advance care planning documents being available in the consumer’s file and evidence of consultation via case conferences.

Registered staff are aware of the service’s assessment processes and outlined how they access information on consumers’ end of life choices. Care staff knew what is important to the consumers sampled and were able to provide an example of this.

The Assessment Team also noted the service has implemented further improvements to its processes which has included the introduction of an interim care plan as part of the initial assessment process.

### 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.*

Overall a high portion of consumers and representatives reported satisfaction with the provision of care and services at the service.

The Assessment Team identified through a review of care planning documents, consumers’ care and services are reviewed on a regular basis and when circumstances change and/or incidents occur. Examples included a review of strategies following a health professional or specialist review.

The Assessment Team identified through interviews with staff, care plans are revised and shift handovers are generally used to communicate any changes in consumers’ health status or requirements.

The service has implemented a number of improvements to its processes which included the use of a daily clinical monitoring tool and interim care plan as well as provided training to registered staff on assessment and care planning.

The Assessment Team also noted further opportunities for improvements are identified through the service’s monthly analysis and monitoring activities.

# 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

The Quality Standard is assessed as Non-compliant as one of the five 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 service was unable to demonstrate its approach to clinical and personal care consistently optimises consumers’ health and wellbeing and in line with best practice to ensure safe and effective care delivery. This relates to restraint management, wound reviews and management of a consumer’s wellbeing. For example:

* The Assessment Team identified two consumers/representatives expressed some dissatisfaction with the timely review by a medical officer, with one consumer/representative also reported care is not consistently followed up.
* In relation to chemical restraint, the Assessment Team identified the service has written restraint policy, however registered staff did not demonstrate adequate understanding chemical restraint and the service did not have appropriate strategies for identifying, managing or monitoring its use. For example:
* The service has a self-assessment tool of consumers who are prescribed psychotropic medications. The Assessment Team found however through review of this information and discussion with management during the visit that information about the number of consumers on chemical restraint was not up to date.
* The service was not able to demonstrate how they effectively monitor and review consumers on psychotropic medication including those on chemical restraint.
* Staff did not have a consistent knowledge of what constitutes chemical restraint including the need to trial other strategies before administering ‘as required’ psychotropic medications.
* Clinical documentation reviewed in relation to two consumers, did not demonstrate that alternative strategies have consistently been implemented prior to the use of chemical restraint or that appropriate authorisation had been obtained.
* The Assessment Team noted the service has policies, procedures and guidelines on skin integrity to guide staff, however wound charts for three consumers did not consistently provide a clear description of the condition of their wounds.
* The ongoing management and monitoring of a consumer’s emotional wellbeing following periods expressed self-harm.

The approved provider’s response disagreed with aspects of the Assessment Team’s report. Its response included care documentations such as extracts of progress notes and other medical information to assist in providing context in relation to the two consumers/representatives feedback. I acknowledge consumers and/or their representatives will have preferences for their own medical officer and for one consumer no impact was reported as a result of the delay. However, the approved provider’s response identified there was a delay in the provision of medication for one of consumer and further improvements are being made in relation to its medication system.

In relation to chemical restraint, the approved provider acknowledge the concerns raised and has developed an action plan to address the identified deficiencies which has included the engagement of an external provider to assist with the provision of education, a review of all consumers on psychotropic medication, the updating of the chemical restraint register and a monitoring processes to ensure documentation is kept up to date.

In relation to wound management, the approved provider’s response included evidence of wound charts for consumers and average times that wounds were reviewed. The approved provider’s response acknowledged concerns regarding the recording of wounds and has developed an action plan to address these deficiencies. This included provision of additional education to staff on wound management and dressings, a complete review of all wound charts, implementation of a specialist wound nurse and improved clinical oversight.

In relation to consumers verbalising self-harm, the approved provider disagreed with aspects of the Assessment Team’s information (as outlined in Standard 3 requirement 3 b) and has developed an action plan to improve its processes including the introduction of a mental health screening tool, education with staff regarding procedures, engagement of a mental health nurse, improved clinical monitoring and promotion of referrals as well as further education on depression and mental health.

While the approved provider has since taken steps to address these deficiencies in this requirement, actions are still yet to be fully implemented and it is my decision this requirement is non-compliant.

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

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

I have come to a different view to that of the Assessment Team and find this requirement is met. My decision is based on the following:

Overall a high portion of consumers and representatives reported satisfaction with the delivery of care and services.

The Assessment Team identified for the consumers sampled care planning documents generally reflected key risks for consumers including in relation to falls and behaviour management and included examples of this. However, the Assessment Team indicated the service did not consistently demonstrate evidence of effective management of key risks for some consumers in relation to potential infection risks and self-harm. For example, the Assessment Team identified,

* There was no documented evidence to support isolation had occurred for two consumers experiencing respiratory symptoms.
* For one consumer, there was no evidence to support that escalation of an incident had occurred to management and that appropriate strategies to support a consumer’s ongoing wellbeing had been incorporated into care planning.

The Approved provider’s response provided further evidence including extracts of care documentation such as progress notes and correspondence from medical officers as well as its plan for continuous improvement.

In relation to infection related risk, the approved provider was able to provide evidence that both consumers had been reviewed by a medical officer in a timely manner; the symptoms related to a pre-existing condition and records to indicated one consumer had not attended activities. At the time of the Assessment contact management advised that staff had reported they isolated the consumers, however, there was no documented evidence of this.

Based on the evidence before me, I do not have sufficient information on whether isolation procedures had been consistently implemented by the service in each case. In addition, the approved provider’s response does not persuade me that the service has a robust process on communicating and capturing information for when consumers are required to be isolated. I acknowledge the approved provider’s response has included a commitment to strengthen its processes including additional education to staff on respiratory distress and isolation, improved oversight by clinical staff and communication with medical officers.

In relation to management of a consumer, where self-harm was expressed; the approved provider’s response included evidence of medical officer review in response to two incidents and some examples of strategies implemented to support the consumer’s engagement with others. I note its response attributed the recent isolation of the consumer (due to infection related risk) had a direct impact on their wellbeing, despite strategies that been previously reported as effective. The approved provider reported that following this period, the consumer had not voiced any other concerns. While I acknowledged some assessments and strategies had been identified, its response had not adequately addressed whether further strategies had been implemented, that further reviews/assessments or ongoing monitoring of the consumer has been undertaken including communication to staff about potential risks (Refer to Standards 3 requirement 3a).

After considering the approved provider’s response and the Assessment Team’s findings, I have come to a different decision to the Assessment Team. This is because of I find these matters are more relevant to Standard 3 requirement 3a and the approved provider was able to provide further evidence to support isolation had occurred in some instances with a commitment to undertake further improvements to its processes. The Assessment Team was also able to provide evidence of other consumers and how their risks overall had been effectively managed in relation to falls, swallowing and behaviours.

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

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

Overall consumers and representatives advised they have access to both medical officers and other health professionals and reported this generally occurs in a timely manner.

The service has procedures for supporting the referral process and the Assessment Team identified through a review of care planning documentation, consumers are referred to other providers including medical officers and other health professionals. Staff interviewed were also able to provide examples of consumers where a referral has been made.

The Assessment Team also noted the service has implemented a number of improvements in relation to its systems to ensure referrals are occurring, including the introduction of a daily monitoring form, clinical deterioration pathway and the engagement of an additional medical officer.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

### The Assessment Team did not assess all requirements of Standard 4, therefore, an overall compliance rating for the Quality Standard is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Consumers and representatives are satisfied the consumer can participate in activities of interest to them and maintain contact with the community and people who are important to them.

Although some staff advised they did not consistently have time to facilitate activities in one area of the service, the service at the time of the visit was in progress of trialling a lifestyle staff member to assist with activities. I also note the Assessment Team identified consumer and representative feedback was positive and had observed consumers engaged in activities during both days of the visit.

The Assessment Team noted care planning documents for the sampled consumers included information about how consumers participate in the community, maintain relationships and their preferred activities. Information on activities is displayed throughout the service and includes a variety of activities.

Staff are knowledgeable of individual consumer’s needs and could explain how they support consumers to participate in the community and/or kept in touch with people important to them.

I have also considered the approved provider’s response which included a commitment to further strengthen its processes such as the implementation of an additional shift to support the delivery of this program.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

### The Assessment Team did not assess all requirements of Standard 7, therefore, an overall compliance rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

Overall consumers and representatives reported satisfaction with the provision of care and services. Although feedback included staff are busy, the majority confirmed there is adequate staff to meet their needs and that staff provide care in a timely manner.

The Assessment Team identified the majority of staff reported there are sufficient time to complete their duties. Although some staff reported not being able to undertake activities, the service is trialling a lifestyle staff member to support consumers in undertaking activities in this area.

The Assessment Team identified a review of staffing has been undertaken by the service. This has included the recruitment of additional staff which has also reduce reliance on agency use. A rostering and replacement process is used to support staff coverage and continuity of care for consumers. There are processes for where agency staff are used to ensure appropriate orientation occurs.

The service has processes for monitoring staffing through the use of monthly call bell audits and complaints and the Assessment Team did not note any concerns raised through these mechanisms.

I have also considered the approved provider’s response which has included further improvements being implemented around the provision of additional staffing and education for staff which has been considered in relation to other requirements assessed.

# 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

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)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

While the organisation demonstrated effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints, the Assessment Team identified deficiencies in relation to the service’s regulatory compliance system. For example:

* Information management – Staff and management reported they can access relevant information when they need it.
* Continuous improvement - Quality improvement initiatives are identified from multiple sources such as results of incidents, external quality reviews, consumer, representative and staff feedback and complaints processes. The service’s continuous improvement activities are captured, and the service has a structured approach to continuous improvement including improvement activities resulting from consumer feedback.
* Financial governance - Management gave an example of where an increase in budgets had occurred in response to consumer needs.
* Workforce governance - There are processes to monitor and ensure the sufficiency of staff to deliver care and services which has included ongoing reviews and recruitment. Although the Assessment Team identified some deficiencies in relation to staff knowledge, the approved provider has commenced undertaking further education to address these areas.
* Complaints and feedback – Information from complaints and feedback are used to make improvements to the safety and quality systems across the service.

The Assessment Team identified that although the service has a policy in relation to restraint, the service was not able to effectively demonstrate an understanding or application of the requirements for the use of chemical restraint consistent with relevant legislation. This included ensuring there is an appropriate assessment, trialling of alternatives and processes to monitor and review its use.

The approved provider’s response included a range of improvements undertaken in relation to restraint including a review of all consumers on psychotropic medications to minimise its use and additional restraint education provided to staff which includes understanding the Quality of Care Principles. However, the service had not ensured its practices have aligned to the new restraint requirements, which took effect on 1 July 2019. Refer to Standard 3 Requirement 3(a).

While the approved provider has since taken steps to address these deficiencies in restraint management, actions are still yet to be fully implemented and it is my decision 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.

* There are effective systems to support and ensure the safe and effective delivery of clinical and personal care to consumers which optimises their wellbeing.
* The service to ensure there are effective regulatory compliance systems particularly in relation to restraint management and use.