Infinite Care Cornubia

Performance Report

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**Commission ID:** 5341

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

**Assessment Contact - Site date:** 23 November 2020

**Date of Performance Report:** 24 December 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 27 October 2020; 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 report for the Assessment Contact – Site 23 November 2020; 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 18 December 2020.
* Information provided by the Complaints Resolution Group.

# 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

The service was not able to adequately demonstrate that each consumer gets effective clinical care that is tailored to their needs and optimises their health, comfort and wellbeing.

The Quality Standard is assessed as Non-compliant as one 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 the service was not able to adequately demonstrate that each consumer gets effective clinical care that is tailored to their needs and optimises their health, comfort and wellbeing. This is specifically in relation to consumers’ pain management, management of decreased respiratory function and respiratory distress and compromised skin integrity needs.

The Approved Provider provided a response that corrected errors in fact within the Assessment Teams report as well as an overall detailed response, care plans, progress notes, clinical assessments, wound records, medical officer notes, end of life pathway, and medical directives. The Approved Provider does not agree with the Assessment Teams recommendation.

In relation to the named consumer for palliative care, monitoring respiratory distress and pain the Approved Provider was able to demonstrate that the care planning documents did address the diagnosis and management of the consumers pre-existing conditions. I accept the Approved Providers explanation of a joint approach to management of palliative care between the medical officer and external support agencies, as well that a decision on the consumers palliative state had been made by the medical officer and known to staff. I also acknowledge that medications were charted and did not need to be updated in the care plan, as care delivery is guided by a combination of clinical records. I also accept that the end of life pathway was not being used a two-hourly checklist, rather a three day monitoring of changes in condition, with progress notes used to track and monitor daily changes.

In relation to responding and monitoring respiratory distress and shortness of breath, the accept that the consumer was being monitored and a range of strategies and medications were in use and the medical officer was updated with changes. I also acknowledge that respiratory distress and shortness of breath are known to occur with the progression of the consumers medical conditions.

In relation to pain monitoring and charting, I note progress notes recorded episodes of pain relief being provided often with effectiveness recorded, however I also note that the pain monitoring chart had inconsistent and infrequent entries in the days leading up to the passing of the consumer. In relation to the use of a syringe driver, the Approved Provider identified that the syringe driver was functional, and issues were being caused by a kinked line. Generally, it appears staff were responsive to episodes of pain and there was ongoing discussion on the management of the consumers care needs with medical staff and the family.

I also note that documentation review demonstrated registered staff (RNs and ENs) have received additional training in October and November 2020 on end of life care, including symptom management, and pain management including syringe driver (Nikki pump) education.

In relation to the named consumer for pain management and not following medical directives for reporting blood glucose levels the Approved Provider acknowledged they had not completed pain assessment in a timely manner and identified that medications were administered upon request from the consumer for pain. Pain assessments and care planning has since been completed. The Approved Provider provided actions taken to improve monitoring of high-risk consumers, including for this named consumer. This included increased monitoring of diabetes management. Education is also being organised for registered staff on diabetes protocols. A weekly high-risk register check is to occur at both a local and regional level.

In relation to the named consumer with skin integrity issues the Approved Provider acknowledged there had been a delay in a medical officer review due to challenges in accessing medical officer services. They provided current wound charts, medication chart and medical officer notes to indicate the skin condition is now being managed. However, I note that during the period of the delayed reviewed my a medical officer that the skin condition worsened and alternative strategies for review had not been undertaken.

I have considered the Assessment Teams report and the Approved Providers response. Whilst I acknowledge there have been improvements in the management of consumers clinical care, I find that ongoing issues of timely assessment and referrals of consumers is still not consistently effective in ensuring consumes receive safe and effective clinical care.

I find this requirement is non-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

The Assessment team did not assess all requirements, as such no overall rating for the Standard is provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) 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.*

The Assessment Team provided information that the organisation has effective organisational wide governance systems. Including:

Management and staff advised they can readily access the information they need Areas for improvement.

Management described that the continuous improvement process is drawn from a variety of platforms including feedback, suggestions and complaints, incidents, internal audit results, case conferences, consumer, representative and staff feedback.

Management advised, and the Assessment Team confirmed through review of documentation that the service’s continuous improvement plan is reviewed, updated and monitored regularly.

Management advised the service has increased staffing through the recruitment and employment of additional staff (registered, care and lifestyle staff) which has resulted in a significant reduction of agency staff. The organisation provides the service with an allocated budget for capital expenditure and clinical expenses to a set authorised approval limit.

The Assessment Team confirmed through review of training records that all registered staff have completed education and training in psychotropic medications, minimising restraint and understanding the quality care principles. Management advised the service reports monthly to the Board in regard to incidents and human resource management.

The organisation’s governance team has a compliance framework that tracks changes to the aged care law and subscribes to peak bodies and websites which provide legislative alerts. Management also described processes the organisation uses to communicate relevant legislative changes to staff through staff meetings, memorandums, staff training, toolbox and education sessions, newsletters and making amendments to policies and procedures. The organisation has received regular updates since the commencement of COVID-19 and has adhered to the changes recommended by Department of Health and the Aged Care Quality and Safety Commission.

Consumers sampled said they felt comfortable providing feedback to the service. The Assessment Team confirmed through interview that the service utilises an open disclosure approach when dealing with feedback and complaints.

Based on the information provided by the Assessment Team, I find this requirement is compliant.

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.

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care.