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Performance Report

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**Commission ID:** 7062

**Provider name:** Dale Cottages (Inc)

**Assessment Contact - Site date:** 21 October 2020

**Date of Performance Report:** 3 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(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.
* the Approved Provider’s response to the Assessment Contact - Site report received 11 November 2020.

# 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 assessed Requirement (3)(e) within this Standard and recommended it met. No other Requirements within this Standard were assessed.

Based on the Assessment Team’s report and the Approved Provider’s response I consider this Requirement Compliant. The reasons for my decision are detailed below.

## Assessment of Standard 2 Requirements

### 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.*

This Requirement was found Non-compliant during an assessment contact on 25 February 2020. The service did not demonstrate they had appropriate processes in place to review care and services regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals and preferences of consumers.

During this assessment contact management provided information about the following action taken to address the Non-compliance:

* Introduction of an improved process to be completed when consumers return to the service from hospital.
* Introduction of new procedures to guide staff when care and services are due for routine review, and when circumstances change.
* Introduction of the pain check application on mobile devices.

During interviews with the Assessment Team consumers provided the following information relevant to this Requirement:

* consumers confirmed they are involved in care planning to some extent and provided examples of how the staff assess their pain levels and what staff do if they fall over.
* consumers confirmed staff regularly review their care and services, particularly if their health needs change.
* consumers reported they see the doctor and allied health staff regularly when there is a deterioration with their health, and when they return from hospital.

Documents reviewed by the Assessment Team include assessments, care plans and the return from hospital checklist, all of which confirm clinical staff are completing appropriate assessments when consumers return from hospital and when their clinical condition changes. Assessments inform the development of new interventions which are transferred to care plans to guide staff in providing appropriate care and services. The Assessment Team reviewed a care plan including recommendations from Dementia Support Australia to help staff identify triggers to a consumer’s behaviour.

During interviews with the Assessment Team clinical staff explained they are now responsible for completing all assessments and care plan reviews for an allocated number of consumers and for ensuring all are completed at least three monthly and when their condition changes. Clinical staff confirmed major care plan reviews occur annually or when a consumer’s condition deteriorates significantly. Clinical staff said care staff are required to complete a ‘stop and watch’ form to record a consumer’s deterioration and provide this to the registered nurse who then completes an assessment. All clinical staff interviewed described the newly introduced return from hospital flow chart and how they use it, and the Supportive and Palliative Care Indicators Tool (SPICT) which they complete when a consumer’s condition deteriorates, to inform their request for a medical review.

The Assessment Team observed the electronic care planning system provides reminders for timely re-assessments and reviews of care plans for staff to action, including psychotropic medication reviews on a three-monthly basis. The Assessment Team reviewed the service’s plan for continuous improvement which includes details of steps being taken to replace their existing electronic care planning system which does not integrate their medication system or the new pain check application.

The Assessment Team reviewed evidence of processes in place, including audits, to monitor staff compliance with the newly introduced processes to ensure improvements made are sustained.

For the reasons detailed above I find the service Compliant with this Requirement.

# 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

The Assessment Team assessed Requirements (3)(b) and (d) within this Standard and recommended them both met. No other Requirements within this Standard were assessed.

Based on the Assessment Team’s report and the Approved Provider’s response I consider both Requirements Compliant. The reasons for my decisions are detailed under the specific Requirements below.

### Assessment of Standard 3 Requirements

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

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

This Requirement was found Non-compliant during an assessment contact on 25 February 2020. The service did not demonstrate they effectively managed high impact or high prevalence risks associated with the care of each consumer.

To address the Non-compliance the service has implemented improved processes for receiving consumer backs from hospital, provided staff with additional training in dementia and wound care, and has scheduled training for identifying changes in consumers’ clinical condition.

During interviews with the Assessment Team consumers provided the following information relevant to this Requirement:

* consumers reported they receive the care they need if unwell. A consumer said staff are very kind and careful when assisting them to move around the service.
* consumers said they see the doctor regularly, one of whom had been reviewed by the doctor the morning of the assessment contact.
* consumers reported they attend the wellness clinic and are given massages and heat packs to help manage their pain.
* a consumer reported they were reviewed by the physiotherapist after they fell.

Documents reviewed by the Assessment Team include assessments, care plans, referrals to other health care professionals and incident reports. In relation to the management of restraints, psychotropic medication, unplanned weight loss, pressure injuries and wounds, and falls, all consumers’ records reviewed showed effective assessment and management of risk. Specifically, in relation to the assessment and management of behaviours, the Assessment Team identified staff had followed processes by completing incident forms for verbal and physical aggression, making referrals to other health services and medical practitioners for review, and completing assessments and updating care plans however there had been no documented clinical evaluation of behaviour management strategies since the resignation of a senior clinical staff member. In addition, some verbal behaviours had been inaccurately described as physical behaviour incidents. Management committed to addressing these deficits.

During interviews with the Assessment Team staff could describe the specific high impact or high prevalence risks for consumers and could describe the assessment, care planning and incident reporting processes. All staff provided consistent information about how they care for consumers who have fallen, including completing a Falls Risk Assessment Tool (FRAT), reviewing care plans and updating as required, notifying families and medical practitioners, and providing verbal information at shift handovers. Allied health staff and registered nurses review all fall incident reports each morning. Clinical staff reported the return from hospital flow chart assists them in reviewing clinical care effectively to identify any new risks to consumers, and the SPICT tool is an effective guide to follow when there is a consumer showing signs of deterioration. Care staff confirmed they continue to use the ‘stop and watch’ process when they notice a consumer has deteriorated.

While the Assessment Team reviewed evidence of processes in place to monitor compliance with this Requirement they also identified clinical meetings were not following a set agenda and meeting minutes did not consistently indicate there was effective oversight of clinical care. Management committed to acting to address this.

For the reasons detailed above I find the Service Compliant with this Requirement.

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

This Requirement was found Non-compliant during an assessment contact on 25 February 2020. The service did not demonstrate deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner.

In response to the Non-compliance the service has reinforced the requirement for care staff to use the ‘stop and watch’ process and clinical staff to use the SPICT tool to assess consumers whose conditions have deteriorated, and training relating to identifying changes in consumers’ clinical condition has been scheduled.

During interviews with the Assessment Team consumers provided the following information relevant to this Requirement:

* staff support them when their health needs change.
* they see the doctor and allied health staff regularly when there is a deterioration with their health, and when they return from hospital.

The Assessment Team reviewed policies and procedures associated with recognising and responding promptly to consumer deterioration to guide staff practice.

Documents reviewed by the Assessment Team include care plans and progress notes. All records reviewed reflected timely responses to deterioration or changes in mental health, cognitive or physical function, capacity or condition. Records showed evidence of staff responding appropriately to the following scenarios to ensure consumers’ changing needs were promptly identified and additional support provided:

* an incident involving a consumer displaying behaviour associated with dementia prompted a referral for review by a specialist mental health team.
* a consumer was referred to Dementia Support Australia to assess for progression of their dementia and to obtain advice to assist in the management of their pain and agitation.
* a consumer was sent to hospital for medical review after having an unwitnessed fall. The physiotherapist has been involved in assessing the consumer and ensuring their care plan reflects their changed care needs to minimise the risk of future falls.

During interviews with the Assessment Team staff explained how they would identify a consumer’s condition had deteriorated, how they would record what they saw and who they would escalate their observations to. Care staff reported using the ‘stop and watch’ process and clinical staff described the SPICT tool and how they used it to record their observations and better inform medical practitioners who were asked to review. Clinical staff described how the client management system prompts them to refer consumers for review by other health practitioners such as dementia services, dietitian or physiotherapist. All staff interviewed accurately described their responsibilities in reporting allegation or suspicions of assault.

The Assessment Team reviewed evidence of processes in place to monitor compliance with this Requirement and identify opportunities for improvement.

For the reasons detailed above I find the Service Compliant with this Requirement.

# 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.

# Other relevant matters

I encourage the Approved Provider to consider:

* evaluation of behaviour management strategies by appropriately skilled staff as part of routine care plan review to ensure consumers are sufficiently supported.
* accuracy of behaviour incident reporting.
* introducing a set agenda to guide discussions during regular clinical meeting to ensure records demonstrate sufficient oversight of clinical care and facilitate appropriate recording and escalation of risk.