James Milson Village North Sydney

Performance Report

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**Commission ID:** 0159

**Provider name:** North Sydney Retirement Trust

**Assessment Contact - Site date:** 25 November 2020 to 26 November 2020

**Date of Performance Report:** 7 January 2021

# 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) |  Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | 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 17 December 2020.

# 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

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 Assessment Team found that the service does not effectively manage challenging behaviours of consumers.Incidents of assault have not been recorded in the consolidated mandatory report register and as a result actions have not been taken to manage repeated high impact and high prevalencebehaviours.

The service’s psychotropic register does not include all classes of psychotropics. Therefore, consumers receiving psychotropics at the service are not identified and monitored for appropriate outcomes.

The circumstances resulting in the need to use chemical restraint are not documented in consumers care plans. Restraint minimisation procedures such as alternatives to using chemical restraint are not documented.

Environmental restraint was in place for consumers who lived in Elamang house (level two) as they were unable to access floors that were below them, authorisations/ consent and risk assessments had not been completed.

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

### Assessment of Standard 3 Requirements

### 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 and high prevalence risks for consumers of managing challenging behaviours and managing restraint is not effectively managed at the service. Incidents of assault have not been recorded in the consolidated mandatory report register and actions have not been taken to manage behaviours. Behaviours are not described in consumer care planning documents, behaviours are not monitored, interventions are not evaluated, recommendations from behaviour specialist services are not implemented.

Chemical restraint is not documented in care plans for consumers and alternatives to chemical restraint have not been trialled.

The service has a psychotropic register for consumers who received this type of medication, but it does not include all classes of psychotropics. The Assessment Team noted management had informed them 14 out of 116 consumers at the service were receiving psychotropic medication and that the register did not contain information on medications such as opioids, anticonvulsants and antidepressants. Therefore, consumers receiving psychotropics at the service are not identified and monitored to for appropriate outcomes.

The service was also environmentally restraining consumers who live on level two in Elamang as they were unable to access floors that were below them. The team noted there were no authorisations for environmental restraint and raised this with management who advised they had decided after discussion to give access of all floors to all consumers.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team.

While I accept that there was some data available to the Assessment Team at the time of the assessment contact and this was submitted by the Approved Provider in their response, that shows monitoring of behaviours, and records of interventions used to minimise the nature of challenging behaviours, this information does not demonstrate overall analysis of these interventions to ensure they are effective. The mandatory reporting log submitted by the approved provider does not show that all incidents of suspected or alleged assault towards a consumer are being documented within it. Therefore, management are unaware of, and unable to ensure high impact high prevalence risk associated with challenging behaviour is being managed appropriately.

Documents submitted by the Approved Provider show that while chemical restraint is documented on medication care plans and a system for gaining consent in relation to chemical restraint exists, alternatives to minimise the usage of chemical restraint are not described.

The Approved Provider has submitted a copy of their psychotropic medication register however it does not contain a date of development or a record of updates. The register submitted shows 54 of the services 116 consumers are prescribed psychotropic medication and includes opioids, anticonvulsants and antidepressants. Information in relation to alternative strategies to be used before administration of chemical restraint is also recorded on the register. I note this information however, has not been recorded on the care plans submitted in the Approved Providers response. While I acknowledge this information has been provided and shows monitoring of psychotropic medicated is now occurring, I am not satisfied this was occurring at the time of the assessment contact.

The Approved Provider has submitted evidence of risk assessments associated with environmental restraint for five consumers completed in early December 2020, but has not provided any information in relation to the processes in relation to environmental restraint now employed at the service for the consumers on level 2 of Elamang house. These risk assessments were completed after the date of the assessment contact.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that high impact and high prevalence risks associated with managing challenging behaviours are effectively managed at the service at the time of the assessment contact.

### 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 that whilst staff understand antimicrobial stewardship and the principles for general outbreaks, staff are not adequately prepared for a potential COVID-19 outbreak. There was a lack of signage at the service in relation to advice to stay at home even with the mildest COVID-19 symptoms. Cough etiquette signage and donning and doffing instructions for staff was not found on notice boards throughout the service and staff rooms did not have this information. There were no reading materials in relation to COVID-19 that were language appropriate for consumers and representatives who did not speak English. There were no alternate contacts listed for people with allocated roles and contact details in the event of staff being isolated. Consumer lists were not in the COVID-19 outbreak folder. There was no floor plan for the whole aged care service indicating individual consumer rooms, bathrooms, communal areas and food preparation areas and how staff are apportioned to each area. There are no guidelines to determine the transfer of positive consumers to hospital. Consumers are not assisted to sanitise their hands before meal service. All 154 staff at the service have been vaccinated for influenza, however, batch numbers were not recorded for all staff.One registered nurse was not aware of precautions needed with the use of nebulisers at the service in relation to COVID-19.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. I note the Approved Provider has not disputed the evidence provided by the Assessment team in their response. Documents provided show the Approved Provider has accessed information and can now provide cough etiquette signage and donning and doffing instructions for staff, reading materials in relation to COVID-19 in seven different languages. Contact lists have been developed and a floor plan for the whole aged care service indicating individual consumer rooms, bathrooms, communal areas and food preparation areas was also provided. The staff vaccination list provided has been updated to include batch numbers for all staff. I note the consumer lists provided by the Approved provider do not have contact details for next of kin or medicare numbers. Based on the information submitted by the Approved Provider, there is no confirmation that these actions have been implemented at the time of the assessment contact. The Approved Provider needs time to demonstrate that corrective actions have been successfully implemented, monitored and evaluated for effectiveness.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that it effectively manages infection related risks at the Service.

# STANDARD 4 NON-COMPLIANTServices 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

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

While most consumers expressed satisfaction with the lifestyle program, other consumers, or representatives on their behalf were not satisfied that lifestyle programs met the consumer’s needs or were stimulating.

Consumers who do not wish to, or are unable to, participate in group activities are supported with a flexible approach from staff that provides meaningful activities that meets their needs and interests and optimises their quality of life.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

The Assessment Team found that while most consumers expressed satisfaction, consumers who do not wish to, or are unable to, participate in group activities are not provided with meaningful activities that optimise their independence, health, well-being and quality of life. The Assessment Team observed incidents where staff were not flexible and did not modify services and supports to allow consumers to do things of interest to them including when the consumer was less able to fully participate.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. I note the Approved Provider has not disputed the evidence provided by the Assessment team in their response. Documents provided do not show how consumers who do not wish to, or are unable to, participate in group activities are provided with meaningful activities that optimise their independence, health, well-being and quality of life.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that consumers get safe and effective services and supports for daily living which meet consumer needs, goals and preferences and optimise their quality of life.

# STANDARD 5 NON-COMPLIANTOrganisation’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 team also examined relevant documents.

The service does not enable consumers living on level two of Elamang to move freely both indoors and outdoors.

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)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team found that the service does not meet its requirement to enable consumers to move freely both indoors and outdoors. The second floor of Elamang is not officially designated as a dementia specific area. However, the consumers in this area of the service are all cognitively impaired and have a dementia diagnosis. The consumers were observed to be sitting in their bedrooms or in water chairs, in front of tables or wandering through corridors or from room to room. The Team observed there is no outdoor area that consumers can freely access in this area.

In their response, the Approved Provider said the service does not have a "Dementia Unit" rather since 2017 they have systematically unlocked areas within both Elamang House and Carabella House to provide opportunity for all elders to access their home as and when they choose; none of the areas previously allocated to elders suffering dementia were suitable for contemporary or best practice dementia care and the new arrangements provide all elders with the opportunity to live well within their home. They said the service is vertically built with the RAC occupying seven (7) floors across two buildings. The homes provide a range of internal and external shared spaces that are all readily accessible. The information submitted in response to the issues raised by the Assessment Team included risk assessment and acknowledgement forms for five consumers in relation to environmental restraint which were completed after the date of the assessment contact. It is not clear from the information provided how many consumers are living on level two of Elamang House and if they are all subject to environmental restraint. Based on the information submitted by the Approved Provider, I am not satisfied the service environment enables consumers to move freely, both indoors and outdoors or that the Approved Provider had identified this gap prior to the assessment contact.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that the service environment allows freedom of movement for consumers both indoors and outdoors.

# 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 3(3)(b)

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

The Approved Provider must demonstrate that:

* High impact/high prevalence risks associated with behavioural monitoring is documented accurately, investigated and evaluated consistently for consumers; to minimise the impact on other consumers.
* Use of psychotropic medication is monitored and evaluated appropriately for consumers.
* Restraint is managed appropriately for consumers.

### 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 that:

* Staff are adequately prepared for a potential COVID-19 outbreak.
* Documents used to demonstrate compliance with recommendations in relation to the COVID-19 are kept up to date and available should the need to access them arise.
* Registered nurses are aware of the risks of aerosolisation from the use of nebulisers at the service.

### Requirement 4(3)(a)

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

The Approved Provider must demonstrate that:

* That consumers needs goals and preferences are documented and available, and support is provided for them to participate in meaningful activities that meets their needs and interests.

### Requirement 5(3)(b)

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Approved Provider must demonstrate that:

Any restriction in place at the service environment which impacts each consumer has been risk assessed and based on the least restrictive option. The basis for any restriction is also up to date, evidence based, transparent and able to be reviewed.