Jeta Gardens Aged Care Facility

Performance Report

27 Clarendon Avenue
BETHANIA QLD 4205
Phone number: 07 3200 6888

**Commission ID:** 5554

**Provider name:** Jeta Gardens Aged Care (Qld) Pty Ltd

**Assessment Contact - Site date:** 29 January 2021

**Date of Performance Report:** 1 March 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | 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)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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 22 January 2021
* Infection Control Monitoring Checklist completed at the time of the Assessment Contact.

# STANDARD 2 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

Consumers and representatives said they were involved in assessment and care planning, including in relation to their end of life preferences, and were happy with the care and services they received. Consumers, representatives and staff said that medical officers and allied health professionals are also involved in the assessment and care planning process. They said that staff discussed and explained their care and that they had access to care plans.

Assessment and care planning processes commenced when a consumer entered the service and the Assessment Team found through a review of care planning documentation that consumers’ needs, goals and preferences had been identified. Consumers’ care needs were reviewed on a regular basis and when needs changed, for example, following a fall or a deterioration in general health and wellbeing.

Care planning documentation evidenced involvement of consumers, authorised decision makers, allied health staff such as a physiotherapist, specialist support services and medical staff. Strategies to support consumers’ individual needs and preferences were documented, including in relation to specialised nursing care, nutrition and hydration, pain management, skin integrity, communication and behaviours.

Clinical staff described how they partner with the consumer and representatives when planning care through case conferences, face to face meetings, telephone conversations and emails. They described how they review assessments and complete observations of the consumer when they have returned to the service following a stay in hospital.

Care staff said they have access to consumers’ care plans and receive additional information about consumers’ care needs through handover processes and through noticeboards in the nursing stations. Staff were able to describe what was important to consumers in terms of how their personal and clinical care was delivered and said they referred to the clinical staff if they required more information about how to care for a consumer.

The service had a suite of evidence based assessment tools that support clinical staff including risk assessments for falls, skin integrity, pain, choking, restraint and risks associated with lifestyle choices.

Policies specific to this Standard guided staff practice including in relation to assessment and planning, advance care planning and end of life care.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

### 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.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### 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.*

# 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

Overall, consumers and representatives were satisfied with the care provided to consumers and said that the consumers feel safe. Consumers and representatives provided examples of how staff care for them including asking them about care and the way it is delivered. They said they were involved in discussions about alternative care options that are available and end of life planning.

Consumers and representatives said the consumer is referred to their medical officer or other health professionals to meet their changing personal or clinical care needs. They said referrals occur promptly and they are satisfied with the care provided by those to whom the consumer has been referred.

Staff demonstrated an understanding of some of the key risks for consumers including for example falls, pressure injuries and pain and the strategies they implement to reduce those risks and the impact for the consumers. They were able to describe how they adjust their practice to accommodate the needs of those consumers who are nearing end of life

Staff described their opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation where this is required.

Policies and procedures including a risk management framework and a suite of evidence-based assessment tools are available for staff and provide guidance in relation to assessment, end of life care and escalation processes.

However, the service could not demonstrate that it has processes in place to consistently ensure personal and clinical care is safe, effective and optimises consumers’ health and well-being.

The use of psychotropic medication was not being monitored in order to establish if consumers were being chemically restrained and staff at the service did not have a shared understanding of those consumers who may be receiving psychotropic medication as a form of chemical restraint.

The service had not minimised infection related risks as it had not effectively planned or prepared for a potential outbreak of COVID-19.

Clinical incident data had not been consistently analysed to inform care and service delivery.

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)(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.*

Consumers and representatives were generally satisfied with the care and services they received and said that staff were kind and caring and kept them informed of any changes in their care.

Care planning documentation generally reflected individualised care that addressed clinical aspects of care including skin care, nutrition and management of diabetes.

However, in relation to restraint management, the service was not able to demonstrate that the service monitors the use of chemical restraint. Management staff could not advise the Assessment Team if there were consumers at the service who were chemically restrained. The Assessment Team reviewed the psychotropic register and identified that sixty-nine consumers were receiving psychotropic medication without a diagnosis being recorded to support the use of the medication. Management could not substantiate the diagnosed mental disorder, physical illness or physical condition that these medications were treating in order to determine the medication use is not a form of chemical restraint. Further to this, the service was not able to demonstrate that psychotropic medications were being reviewed on a regular basis.

While clinical audits and analysis of monthly clinical data were to be used to monitor care and service delivery, the Assessment Team found that clinical incident data had not been collated or analysed since August 2020, a period of five months. Management staff were not aware that this had not occurred.

I note that the approved provider’s response received 22 February 2021 includes actions to address the analysis of clinical indicators including how these will be used to inform care and service delivery. Policies have been revised that relate to the management of consumers with behavioural and psychological symptoms of dementia. Additionally, the service is reviewing its processes in relation to monitoring the use of psychotropics.

However, while the service has taken action to address the deficiencies identified by the Assessment Team, at the time of the Assessment Contact, it did not demonstrate that care provided to consumers was safe, optimised health and well-being and reflected best practice. The service was not monitoring the use of psychotropic medication in relation to chemical restraint and clinical incident data was not being analysed to inform care and service delivery.

I find 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.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### 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.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

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

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

### 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 service was not able to demonstrate effective planning and preparedness to minimise infection related risks including a potential outbreak of COVID-19.

Staff were initially, not able to locate the Outbreak Management Plan and were not sure where this information was held. Following the provision of the Outbreak Management Plan to the Assessment Team, it was identified that the plan had not been practiced and did not include contact details for key services and personnel such as suppliers of personal protective equipment, clinical waste contractors, the public health unit and medical officers.

The Outbreak Management Plan did not address surge workforce arrangements and management staff could not describe the actions they would take in relation to staffing in the event the service staff became unwell or were placed in isolation.

Staff said that shared equipment, such as hoists, was not cleaned between consumers.

Management advised that some staff worked in other residential aged care facilities, however the service was not able to locate any information about these staff and their movement between services to support tracking processes if this was required.

The Assessment Team observed an outbreak management box however it did not include personal protective equipment or signage. Density signage was not observed throughout the service in high risk communal areas such as lifts, and management staff were not aware of this requirement.

Management staff advised they monitor the infections and antibiotic use through the collection of clinical indicators. However, the service has not trended or analysed this data since August 2020 and as a result this information was not available to inform care and service delivery.

The approved provider’s response states that the service has taken action to update the Outbreak Management Plan and to improve processes relating to the planning and preparedness for a potential outbreak of COVID-19. Cleaning processes have been revised, clinical data is being analysed and there are processes to check the outbreak management box. The Assessment Team’s report states the service addressed density signage at the time of the Assessment Contact.

I acknowledge the service has taken action to address the deficiencies identified by the Assessment Team in relation to infection control. However, at the time of the Assessment Contact, the service did not demonstrate that infection-related risks had been minimised or that the service was prepared for a potential outbreak of COVID- 19.

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.

* The service must ensure that each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being, including in relation to psychotropic usage and restraint.
* The service must ensure that it has systems and processes in place to minimise infection related risks, including in relation to COVID-19.