Lansdowne Aged Care Facility

Performance Report

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**Commission ID:** 2196

**Provider name:** Arete Health Care (Lansdowne) Pty Limited

**Assessment Contact - Site date:** 3 September 2020

**Date of Performance Report:** 4 November 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 8 Organisational Governance** | **Non-compliant** |
| Requirement 8(3)(d) | 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 Approved Provider’s response to the Assessment Contact - Site report received on 25 September 2020.

# 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

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.

While the information reviewed indicated that consumers are receiving safe and effective personal and clinical care, there is insufficient minimisation of infection related risk and a deficit in COVID-19 outbreak preparedness.

Two of the seven specific requirements under this Standard were assessed and one (1) of those requirements has been found to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 found that consumers do not consistently receive safe and effective personal care and/or clinical care. They raised a number of issues regarding the delivery and documentation of care for individual consumers.

This included unexplained injuries not being adequately investigated to minimise risk to consumers, including where staff practices or the use of bedrails may be the cause of injuries sustained by consumers receiving care, and the management of falls, end of life care, pain management and wound care. This included identifying deficits in documentation supporting these areas of care.

The Assessment Team also reported that the use of restraint at the service is not in line with best practice. I have considered that information under Standard 8 requirement 8(3)(d).

The Approved Provider disputed these findings and submitted documentation and information in support of its contention. I am satisfied that the approved provider could demonstrate that it was providing appropriate personal and clinical care in the areas identified.

I find that the Approved Provider is Compliant with this requirement.

### 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 reported a review of the infection register found infections and antibiotic use is tracked. I have not identified any concerns in relation to practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

However, the Assessment Team also reported that service management acknowledged further work was required to develop the service’s COVID-19 outbreak plans and to ensure staff practices were consistent with such a plan. In particular:

* They reported a consumer who developed respiratory symptoms in August 2020, was tested for COVID-19 but not isolated and was in a shared room. This was not in accordance with the service’s procedures
* They observed and reported on a range of poor infection control practices and environmental and storage issues within the service which could compromise infection control management.

In its submission the Approved Provider provided a detailed COVID-19 plan including site specific information. I am satisfied this is a comprehensive plan. In addition, the Approved Provider has commenced action to address the environmental issues and infection control practices observed by the Assessment Team.

However, at the time of the Assessment Contact these deficiencies were seen to be occurring and the service’s monitoring of practices was shown to be deficient in identifying these matters. While I acknowledge the improvements which have or will be implemented, I consider that service requires further time to demonstrate the changes it has put in place are effective and can be sustained.

I find that the Approved Provider is Non-compliant with this requirement.

# 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The Assessment Team found that effective risk management systems and practices were not in place in relation to minimisation of physical restraint and infection control program and preparedness to manage a potential COVID-19 outbreak.

One (1) of the five specific requirements under this Standard were assessed and have been found to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team reported:

* The service was not actively pursuing alternatives to the use of bed rails. 75 (out of the 111) consumers had bed rails in place.
* Management and staff showed poor understanding of what is physical restraint when delivering care such as using restraints when giving showers or assisting with toileting. The assessment Team reviewed the service’s policy on restraint which states:
  + Physical and chemical restraint only to be used as a last resort.
  + Physical restraint only to be used in consultation (of consumer, representative and medical officer) and with consent.
  + The policy also states “Lansdowne ACF supports a restraint free environment”.
* The Assessment Team identified that the service’s ‘use of bed rail policy’ states clinical incidents, including those associated with bedrail use, shall be reviewed to identify trends and patterns, and identify any opportunities for improvement. The Assessment Team found this was not consistently occurring
* In relation to Standard 3 requirement I have identified deficits in relation to the infection control program and preparedness to manage a potential COVID-19 plan.

The Approved Provider stated:

* All incidents are investigated and analysed.
* That belts and straps are only used to assist consumers to and from the bedroom to bathroom.
* That the service is actively engaged in reducing the use of bed rails in recent times.
* That they have in their submission demonstrated the service’s COVID-19 plan is in place, is site specific, has been updated and is ready for implementation should this be required.

Having taken all the information provided into account I find the following:

* Although there has been a slight decrease (7) in the use of bedrails since January 2020, I am not persuaded the service has understood its own policy and procedures in the use of restraint and in moving to a restraint free environment. I am not satisfied the organisation showed it was sufficiently proactive in how it moved towards a restraint free environment during 2020. Although steps have been taken to address this, the service requires time to demonstrate this is effective in reducing the use of physical restraint.
* That the gaps described by the Assessment Team in infection control management and in preparedness for COVID-19 were not identified at a governance level. Again, I acknowledge the steps taken to address this but I was unable to identify in the response the process being applied to monitor the effectiveness of the actions taken.

I find that the Approved Provider is Non-compliant with this requirement.

# 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.

**Standard 3**

**Standard 3 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.*

* Demonstrate that standard and transmission based precautions are in place to prevent and control infection, and that these are effectively monitored and reviewed.

**Standard 8**

**Standard 8(3)(d)**

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

* Demonstrate that effective risk management systems and practices are in place and monitored and reviewed including but not limited to physical restraint and management of infection
* Ensure processes are developed to monitor the sustainability of improvement activities.