Lucy Chieng Aged Care Centre

Performance Report

8-14 Romani Avenue
Hurstville NSW 2220
Phone number: 0428 494908

**Commission ID:** 0932

**Provider name:** Australian Nursing Home Foundation Limited

**Assessment Contact - Site date:** 27 January 2021

**Date of Performance Report:** 24 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

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| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(c) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(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 Assessment Team’s Infection Control Monitoring checklist completed during the site audit
* The provider’s response to the Assessment Contact - Site report received 22 February 2021 which consists of a letter of response, a plan for continuous improvement and supporting documentation.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall consumers sampled considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services including who is involved in their care. Consumers described ways in which they are supported by staff to maintain relationships of their choice and make connections with family and friends.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

# 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 and examined relevant documents – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers.

Overall consumers sampled considered that they receive personal care and clinical care that is safe and right for them.

Documents reviewed for the consumers sampled do not always reflect deterioration and changes in consumers condition are always recognised and responded to in a timely manner. While the staff could explain the processes for recognising and responding to deterioration, these processes are not always consistently applied in a timely manner.

### The Quality Standard is assessed as Non-Complaint as one of the seven specific requirements has been assessed as Non-Complaint.

###  Assessment of Standard 3 Requirements

### Requirement 3(3)(d) Non-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.*

The Assessment Team provided information that showed deterioration or changes of consumer’s health, cognitive or physical function, capacity or condition is not always recognised and responded to in a timely manner. Clinical documentation reviewed by the Assessment Team identified deficits in relation to recognising and preventing pressure injuries, responding to weight loss and recognising and responding to changes in observations and blood glucose levels for consumers sampled.

Overall most consumers considered that they receive personal care and clinical care that is safe and right for them. While staff interviewed could explain the processes established for recognising and responding to deterioration, these processes are not always consistently applied in a timely manner.

The Assessment Team identified care planning documents and progress notes reviewed did not always reflect timely identification of, and response to deterioration or change of a consumer’s physical function, capacity or condition, for example:

* For a consumer with pressure injuries, gaps were identified in the application of preventative strategies relevant to the consumers documented risk assessment.
* For another consumer care planning documentation and progress notes did not always reflect the identification of, and response to wound care with inconsistent charting and monitoring of wounds.
* In another consumer changes in condition, including documented physical changes, pain, out of range vital signs and bloods glucose levels were not always reviewed in a timely manner.
* For three consumers with significant weight loss, monitoring in relation to weight loss was undertaken however response to the weight loss was not always undertaken in a timely manner. The care plans for the three consumers were not updated to reflect the weight loss or planned interventions.

The approved provider provided a response that included addressing the Assessment Teams findings relevant to this requirement with the provider considering they actively assess and monitor changes and deterioration for consumers, and initiate referrals as required in a timely manner.

In relation to the consumer with pressure injures, the clarifying documentation provided by the approved provider includes a current rating of a high risk of pressure injuries. Whilst care documentation provided demonstrated the staff recognised the development of bilateral leg swelling and implemented some appropriate strategies for the consumer, the removal of ill-fitting shoes, did not occur in a timely manner and the consumer developed pressure injuries in the pressure points where the shoes contacted with the consumers skin.

In relation to a consumer who experienced changes in their physical condition, with blood pressure and blood glucose readings out of range, a review of further documentation provided by the provider demonstrates changes in the consumers condition were not always recognised and reviewed in a timely manner. I acknowledge since the performance assessment the medical officer has updated the consumers medical officer directives to inform staff responses when blood pressure and blood glucose levels are observed to be out of range.

In relation to the three consumers observed to have significant weight loss, I note whilst the approved provider did provide some clarifying information for one consumer, for the other two consumers the information provided did not support the documented weight loss was readily identified and responded to in a timely manner for the consumers. I note for the consumers sampled they were not always consistently weighed at the same time of day, to enable an accurate weight to be taken.

Review of the plan for continuous improvement submitted by the approved provider reflects planned improvements relating to this requirement. Sufficient time is required to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessment Teams report and the approved provider response and I find on the balance of the information provided the deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is not consistently recognised and responded to in a timely manner.

I find this requirement 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 approved provider is required to:

Accreditation Standard 3: Personal care and clinical care

* Ensure 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.
* Review all consumer files with medical officer directives and ensure there is clear instructions documented by the medical officer as required to inform clinical practice when observations are out of range.