Martyn Claver Aged Care

Performance Report

200 Megalong Street   
LEURA NSW 2780  
Phone number: 02 4784 1281

**Commission ID:** 2310

**Provider name:** Siena Management Services Pty. Limited

**Assessment Contact - Site date:** 29 September 2020 to 30 September 2020

**Date of Performance Report:** 15 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(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 provider’s response to the Assessment Contact - Site report received 26 October 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

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

### 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 the organisation is unable to demonstrate each consumer gets safe and effective personal care and clinical care. A review of documentation demonstrated that the provision of oral care was not being documented. Furthermore, the team found that the service had failed to take appropriate action and provide support to a consumer who had made an allegation of abuse.

In their response the approved provider was able to demonstrate that oral care was being documented for the consumer named in the report. The provider was also able to demonstrate that appropriate support and follow-up had been provided to the consumer who made an allegation of assault, albeit several days after the initial allegation was made.

I have considered the approved provider’s response and the evidence before me in the Assessment Teams report. I note that most consumers or their representatives sampled said consumers receive good personal and clinical care. Care staff said when they have concerns in relation to a consumer’s personal or clinical care they are able to source appropriate support. I note that the team looked at restrain, pain management and skin integrity and found these were being managed appropriately.

Although the assessment team recommended this requirement was not compliant, I am satisfied, overall, that the service provides each consumer with safe and effective personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found high impact, high prevalence risk associated with the care of each consumer was not effectively identified and managed. The Assessment Team was advised by a staff member that even through data is collected the information is not analysed to track trends or to assist with introducing strategies to minimise risk to the consumers.Furthermore, the Assessment Team identified issues with documentation in terms of theconsent for chemical restrainthad not been completed for one consumer, a food diary had been poorly completed for another and oral care not been documented for a third consumer. Lastly that the service has a high falls rate and has not referred to the physiotherapist to develop a falls prevention program for the service or sought assistant physiotherapy for post-fall.

In their response the approved provider was able to demonstrate that oral care was being documented but, since the assessment contact, have made improvements in how this is done. Similarly, in relation to the food diary, the approved provider demonstrated that the food diary had been completed but acknowledged that improvements in how food intake was recorded would be beneficial and has asked the dietician to train care staff on the information required to assist with a dietary assessment.

The approved provider was unclear who had advised the Assessment Team that clinical data is collected but not analysed to track trends or to assist with introducing strategies to minimise risk to the consumers. In their response the provider supplied evidence that they use a risk management tool to monitor high impact or high prevalence risks associated with the care of each consumer, that falls rates are monitored and appropriate referrals made to the physiotherapist after a consumer has a fall.

I have considered the approved provider’s response and the evidence before me in the assessment team’s report. I note that the team found that high impact or high prevalence risks including skin integrity, unexplained weight loss and behaviour management were well managed.

Although the assessment team recommended this requirement was not compliant, I am satisfied, overall, that the service effectively manages high impact or high prevalence risks associated with the care of each consumer.

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 found that while there are some precautions in place to prevent and control infection, deficits were identified with the service’s infection control program. The service has a COVID-19 outbreak management plan in preparedness of a potential COVID-19 outbreak however there has been insufficient attention paid to planning for an outbreak. The assessment team observed issues with staff use personal protective equipment (PPE) and a staff member was unable to describe the cleaning process to minimise the risk of infection. Furthermore, the assessment team observed damaged and soiled fabric chairs and shared equipment which was not able to be adequately cleaned.

In their response the approved provider stated that they have taken action to address the gaps in their COVID outbreak management plan and have trained staff on the use of PPE. The approved provider was confident the staff member interviewed by the assessment team did know how to minimise the spread of infection but they have conducted further training with cleaning staff. Lastly the provider stated that they taken quotes for replacing the stained and damaged furniture and made sure that all staff have access to wipes etc to clean shared equipment.

Whilst I acknowledge the efforts made by the approved provider subsequently to address the gaps identified, significant deficits were identified in their infection control management and COVID preparedness.

I find that the approved provider is non-compliant with this requirement.

# STANDARD 5 NON-COMPLIANT Organisation’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

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 the service was unable to demonstrate it has an effective way of identifying, monitoring and reviewing the service environment and equipment consumers use to ensure it is safe, well maintained and comfortable. Equipment used by staff to assist consumers was observed to be unclean, old, damaged and not well maintained. Old and damaged equipment had not been disposed of. The service could not provide evidence to show how the cleanliness of the soft furnishing is maintained or if environment audits are conducted.

In their response the approved provider stated that they had replaced some equipment such as the tilt shower chair and have commenced cleaning other items which will be gradually replaced over a three month period. The old and damaged equipment has now been disposed of and new, replacement furniture quoted for. The approved provider stated they have also sought quotes for additional cleaning and maintenance within the service.

I find that the approved provider is non-compliant with this requirement.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The service was not able to demonstrate that the numbers and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services. In August 2020 a Registered Nurse failed to report an allegation of assault made be a consumer resulting in a delay in providing safe, quality care to that consumer. Following this event all staff received training in compulsory reporting. Cleaning hours have been reduced due to the unavailability of staff

Whilst the service was able to demonstrate an ongoing recruitment drive it has not been successful in recruiting all of the positions needed resulting in unfilled shifts. The service uses an agency that is not able to supply short notice leave requests due to restrictions on staff working in more than one service.

During September 2020 the acting facility manager covered six unfilled RN shifts, and on three occasions covered the role of acting facility manager, acting clinical care manager and RN at one time.

During the assessment contact management were unable to provide evidence that staff had completed face to face and online training for COVID-19, handwashing, infection control, mandatory reporting and elder abuse. The service was also not able to demonstrate there is a system in place for monitor staff having completed all mandatory training requirements.

In their response the approved provider accepted that did not have a system for evidencing mandatory and other training staff had received. Since the assessment contact their Registered Nurse/Educator has complied a report showing what training each member of staff have completed and when.

The provider acknowledged that cleaning hours had been reduced and they had difficulty staffing shifts on certain days. They recognised the need for cleaning schedules and hours to be heightened during COVID-19 in order to provide safe quality care and services and have sought quotes from an external cleaning contractor to supplement their current cleaning and maintenance regime.

I find that the approved provider is non-compliant with this requirement.

# STANDARD 8 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

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) 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.*

During the assessment contact the acting manager was unable to provide evidence of a documented risk management framework or demonstrate that there is an effective risk management system and practice in place. The service has adopted a policies pack from an aged care peak body, including a clinical framework. Staff stated these policies had not been discussed with them. Furthermore, regarding identifying and responding to abuse and neglect of consumers the service had not reported a reportable assault within the 24 hours mandatory reporting time frame.

In their response the approved provider stated that the acting manager was unaware of the Risk Monitoring Tool the service uses to monitor and manage risk but included evidence to show how this system works. The provider stated that they are taking steps to develop a full systems and processes guide/manual so that in future acting personnel will be able to locate information required and training will be conducted on using this tool. The provider stated that they are still in the process of implementing new policies and procedures recently purchased. They provided evidence that these had been discussed at a range of meetings over the last year and gave an undertaking that all staff would be trained in all relevant policies.

I have considered the approved provider’s response and the evidence before me in the assessment team’s report. I note that the team found that high impact or high prevalence risks including skin integrity, unexplained weight loss and behaviour management were well managed. I have considered the failure to report an allegation of assault in my decision in Requirement 7(3)(a). The consumer in question made two allegations of assault several days apart. Once management became aware of the first allegation it was reported some five days later as per the compulsory reporting guidelines.

Although the assessment team recommended this requirement was not compliant, I am satisfied, overall, that the service effectively manages high impact or high prevalence risks associated with the care of each consumer and identifies and responds to abuse and neglect of consumers and supports consumers to live the best life they can.

I find that the approved provider is 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.

### 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.*

* Ensure the service is prepared for a COVID outbreak through the development of a robust outbreak management plan.
* Ensure staff adherence to good infection control practices.

### 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.*

* *Review and replace furniture and equipment that is not fit for purpose to ensure the service environment and all equipment including furniture is safe, clean, well maintained and comfortable.*
* *Review the maintenance schedule to ensure it includes all equipment and audit condition of furniture and equipment regularly.*

### Requirement 7(3)(a)

*The workforce* *is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

* Develop systems to ensure the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.
* Ensure systems are in place to ensure staff obtain training required and systems in place support monitoring compliance with this requirement.