Meredith House Nursing Home

Performance Report

30-32 Meredith Street   
STRATHFIELD NSW 2135  
Phone number: 02 9746 9767

**Commission ID:** 2228

**Provider name:** Paston Pty Ltd

**Assessment Contact - Site date:** 21 October 2020

**Date of Performance Report:** 15 December 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)(b) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 11 November 2020 together with additional information received on 30 November 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.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example, a representative said that “they go above and beyond what is expected” and a consumer said, “I love it here”.

However, the service does not ensure the effective management of some high impact or high prevalence risks associated with consumers’ care. In addition, staff practices were not seen to minimise risk in relation to infection control management.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as 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)(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 service did not effectively manage high impact or high prevalence risks associated with the care of each consumer. The assessment Team found that service has demonstrated improvements, including the review of several policies, including restraint, and completion of authorisation forms for restraint. However, the Assessment Team also found that the service did not effectively manage high impact or high prevalence risks associated with the care of each consumer, including in relation to incident management, minimisation of chemical restraint, behaviour management and wounds.

The approved provider submitted a response to the Assessment Teams report which included additional material clarifying matters raised in the report. This information provided some additional context and refuted some information in the Assessment Teams report. The approved provider’s response also included evidence of corrective actions taken since the assessment contact to address the gaps identified. The response included a continuous improvement plan, education provided, reviewed and updated care plans and assessments, and behaviour and wound charts.

I am satisfied that the approved provider could demonstrate, on balance, the effective management of chemical restraint and that management and staff at the service are aware and understand their responsibilities related to the use of psychotropic medications and the minimisation of restraint.

However, I am not satisfied that the approved provider could demonstrate effective incident management and behaviour and wound management. I acknowledge the improvement activities implemented however I consider these improvements will take time to become embedded.

I find this requirement is Non-compliant.

### 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.*

No concerns were identified in relation to 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 there is insufficient minimisation of infection related risk through the implementation of standard and transmission-based precautions to prevent and control infection, specifically in relation to any COVID-19 outbreak.

The Assessment Team provided information that staff, and management were unable to demonstrate sound understanding of their individual responsibilities in relation to a COVID-19 outbreak, personal protective equipment practice, adherence to staff density advice and the efficient consolidation of relevant information to enable management and staff in the event of a COVID-19 outbreak. The Assessment Team stated that while there was information available, access to the right information, at the right time, to assist in minimisation of infection, was unable to be demonstrated.

In its response the approved provider regarding its outbreak management plan and associated policies and procedures, and I am satisfied that this information is appropriate and accessible to staff.

In response to the information identified in relation to correct use of personal protective equipment, specifically the use of masks, the approved provider indicated that since the assessment contact it had implemented full training for all staff. While this is acknowledged, it does not demonstrate that at the time of the assessment contact correct practices were being practiced. The approved provider did not specifically respond to issues identified in relation to a named consumer.

While the approved provider was able to clarify information about its processes and procedures, I am not satisfied that staff were correctly using masks and that plans were not in place to manage the potential infection risk presented by the named consumer.

I find this requirement is Non-compliant.

# 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).

Overall sampled consumers and representatives indicated that they were satisfied with the care and services provided to them.

Risk management systems are not effective in managing high impact or high prevalence risks associated with consumers care and in identifying and responding to possible abuse and neglect of consumers, and not all consumers are being provided with appropriate care/services to ensure they live the best life they can.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as 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 found that the service was unable to demonstrate their risk management systems and processes are always effective in the management of high impact and high prevalent risks for some consumers (as identified in relation to Standard 3 requirement 3(3)(b), identifying and responding to abuse and neglect of some consumers and supporting some consumers to live the best life they can.

The Assessment Team acknowledged the improvements the service has undertaken in this requirement, particularly in regard to physical restraint, however identified some areas where risks have been identified by the service, but this has not prompted the service to implement strategies to minimise and manage those risks, in a meaningful way for the consumer.

Evidence suggests that staff are not always able to identify and respond to neglect and abuse to consumers, or effectively utilise their incidents and identification of risks to influence their risk management systems and practices. Incidents are not always correctly identified, and/or escalated accordingly; and investigations conducted to identify strategies to assist staff in managing risk.

The approved provider provided a response that included clarifying some information in the report, evidence of corrective actions that have occurred since the assessment contact, including education provided, and details of reviewed and updated processes. I note that the approved provider disputed some elements of the Assessment Teams report.

I acknowledge these improvements but I am not satisfied that the approved provider could demonstrate compliance with this requirement at the time of the assessment contact. The improvements implemented will take time to become embedded.

I find this requirement is Non-compliant.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team found that while the service has a clinical governance framework, including antimicrobial stewardship, minimising the use of restraint, and open disclosure, policies and procedures were not always readily accessible or did not include key information.

In its response the approved provider demonstrated the availability and accessibility of these policies and procedures and that they did include required information.

For the requirement that the service has a clinical governance framework, that includes antimicrobial stewardship, minimising the use of restraint and open disclosure, I find the requirement is 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.

### Requirement 3(3)(b)

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

* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer, in particular but not limited to incident management and behaviour and wound management

### 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.*

* Implement effective standard and transmission-based precautions to prevent and control infection, specifically but not limited to appropriate use of personal protective equipment by staff and management of individual or specific infection control risks.
* Ensure all improvements implemented are monitored and reviewed for effectiveness.

### Requirement 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.*

* Implement effective risk management systems and practices in relation to the matters identified
* Review the effectiveness of these systems and practices regularly or as required.