Millrace Hostel

Performance Report

422 Rouse Street
TENTERFIELD NSW 2372
Phone number: 02 6736 2622

**Commission ID:** 0307

**Provider name:** Tenterfield Care Centre Limited

**Assessment Contact - Site date:** 18 November 2020 to 19 November 2020

**Date of Performance Report:** 19 January 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 2 Ongoing assessment and planning with consumers** | **Non-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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | 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 6 January 2021.

# STANDARD 2 NON-COMPLIANTOngoing 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

The Assessment Team found that overall consumers and representatives felt like partners in the ongoing assessment and planning of consumer care and services. Most consumers and representatives stated they were involved in care planning for consumers to the extent they were interested in being involved and could have access to the consumer’s care plan if that was their wish.

However, the service was not able to adequately demonstrate care and services for consumers were reviewed regularly for effectiveness, or when circumstances change. The Assessment Team identified instances where care plans were not reflective of consumers’ current needs.

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

I have considered the Assessment Team’s findings under this and other requirements. Through a review of clinical documentation that included restraint authorisation, the Assessment Team identified the service was not able to adequately demonstrate care and services for consumers were reviewed regularly for effectiveness, or when circumstances change. The Assessment Team identified instances where care plans were not reflective of consumers’ current needs. For example:

* Sampled consumer care plans did not evidence that scheduled three monthly reviews had been consistently conducted.
* Registered staff reported concerns in relation to their ability to ensure ongoing clinical oversight; they attributed this to management working over two services and no full-time registered nurse at the service to ensure continuity of care is delivered. A registered nurse stated this had resulted in issues around clinical review processes being completed.
* The service is not reviewing restraint (chemical and physical) three monthly in accordance with the service’s policy, including review by the medical officer, and/or documenting the effectiveness of the restraint to inform care planning.
* One consumer with cognitive impairment experienced ongoing behaviours, which included disruptive behaviours overnight and wandering. While medications had been consistently reviewed to settle these behaviours, the service was not able to demonstrate all strategies implemented were reviewed for effectiveness.
* One consumer, whose pain management needs were not being adequately met, received ‘as required’ pain relief medication which had not been evaluated for effectiveness.

The approved provider states in their response and in their plan for continuous improvement, it has commenced actions to address the deficiencies identified by the Assessment Team, including:

* The Chief Executive Officer has engaged an employment consultant to recruit an Assistant Director of Nursing to assist in auditing, follow-up of clinical documentation and provide additional clinical oversight.
* A full-time registered nurse has been employed from Monday to Friday to enable continuity of care and consistent handover. The registered nurse commences on 11 January 2021.
* All consumers who have been recognised to have restraint have been reviewed and authorisation signed by the consumer/representative and medical officer.
* A schedule for consumers to have restraints reviewed have been formulated.
* Staff are to identify consumers’ who have risk taking behaviours at handover and staff meetings and via incident reports, and risk evaluations are to be completed on the service’s electronic clinical management system.

While I acknowledge the actions taken by the approved provider, I remain of the view care and services for consumers had not been reviewed regularly for effectiveness, or when circumstances changed. I find this requirement is Non-compliant.

# 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

The Assessment Team found that some consumers considered they got the care they need, and most consumers reported staff knew their preferences. Overall, consumers said they could access medical and other allied health professionals when required. The service had processes for the minimisation of infection related risks.

However, the Assessment Team identified deficiencies in the delivery of personal and clinical care. For example:

* Some consumers and/or representatives interviewed reported dissatisfaction with the timeliness of care consultation and/or delivery. Restraint consultation, authorisation and review was not consistently being managed in line with legislative requirements.
* Consumer’s specialised clinical needs and/or care directives, in relation to diabetes care and medication management, were not being appropriately managed.
* The needs of consumers nearing the end of life and/or with a life-threatening medical diagnosis had not been consistently addressed.
* Changes of consumers’ cognitive or physical function, capacity or conditions had not been consistently recognised and responded to in a timely manner.
* Care planning documentation and progress notes did not consistently reflect current issues identified from assessments or changes in consumer care needs.

The Quality Standard is assessed as Non-compliant as five 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.*

The Assessment Team identified deficiencies in aspects of care, which included pain management and restraint consultation, authorisation and management. Some consumers and/or representatives interviewed reported dissatisfaction with the timeliness of care consultation and/or delivery; this had impacted negatively on their health and wellbeing being optimised. Staff reported difficulty in providing care for consumers that was timely, safe and effective as there was insufficient staff. This has been considered further under Standard 7 Requirement (3)(a).

Restraint Management

Clinical staff did not have a sound understanding of those consumers who were prescribed psychotropic medications. Documentation did not clearly identify those consumers who were being chemically restrained.

The Assessment team reviewed restraint documentation (physical and chemical) for consumers and identified authorisations for restraints were not always signed, authorised by the medical officer and reviewed three monthly in accordance with the service’s policy. There was inconsistent documented evidence to demonstrate consumers and/or their representatives were consulted, and had provided informed consent, prior to restraint being implemented and/or changed, in line with legislated requirements.

Consumers and representatives interviewed did not feel that risks involved with the use of restraint were adequately explained. The approved provider provided in its response a copy of the fact sheet given to family that includes the risk of restraint, when review or implementation of restraint authorisation are being undertaken. However, I note there is no facility on the fact sheet to record the signature of the consumer or representative to demonstrate they have received, read and understood the information.

One consumer representative stated they had not had ongoing conversations with the service regarding any changes in prescription and/or use of anti-psychotic medication. The approved provider states in its response a case conference has been requested by the Director of Nursing with the consumer’s representative to discuss any issues of concern and ongoing care planning.

Pain management

The Assessment Team identified one consumer whose pain management needs were not being met. One care staff available on site overnight or the absence of registered staff on site overnight contributed to delays in the provision of pain relief medication, or other pain management strategies not being provided. ‘As required’ pain medication administered had not been evaluated for effectiveness.

The approved provider states in its response the consumer’s pain relief care needs were being reviewed by the registered nurse on duty and the consumer was administered medication to ensure their comfort. I am not persuaded by this argument as the service did not ensure pain management was tailored to the individual and optimised their well-being.

The approved provider states in their response and in their plan for continuous improvement, it has commenced actions to address the deficiencies identified by the Assessment Team, including:

* The Director of Nursing reported monthly to the Chief Executive Officer and Board on management of anti-psychotropic medication. This was reviewed following the Assessment Contact and the service has commenced a self-assessment psychotropic medication register, progress report due mid-January 2021.
* All consumers who have been recognised to have restraint have been reviewed and authorisation signed by the consumer/representative and medical officer.
* A schedule for consumers to have restraints reviewed have been formulated.
* An assessment tool to be developed for care and registered staff to assess pain, escalate findings to registered nurses/medical officer.
* An audit of all consumer’s electronic clinical documentation is to be completed.

While I acknowledge the actions taken by the approved provider, I remain of the view that consumers have not received care that is tailored to their needs or optimises their health and wellbeing. I find this requirement is Non-compliant.

### 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 the service had not demonstrated that it had effectively managed the high impact high prevalence risks related to clinical care of each consumer in relation to diabetes management and medication management. Evidence considered included:

* For one consumer who had a diagnosis of diabetes and was insulin dependent, the service was unable to demonstrate documented review, reporting (to the registered nurse) and actions taken when the consumer’s blood glucose level had been either above or below reporting parameters. This included a sliding scale of insulin that was to be administered depending on the consumer’s blood glucose level.
* Care staff did not have the required knowledge and skills to effectively manage an infusion pump, consistently reporting the infusion pump was malfunctioning over a seven-day period in October 2020. There was no evidence this was addressed by registered nursing staff.
* The approved provider states in its response the management of the consumer’s infusion pump is under direction of a specialist nurse advisor, who is available for staff to contact whenever there is an issue with the pump, and a trouble shooting fact sheet is provided in the consumer’s room for all staff to review. While I accept guidance material and relevant contact information is available to staff, the service was unable to demonstrate care staff were supported and/or appropriate clinical oversight was provided to effectively manage the specialised care needs of the consumer.

The approved provider states in their response and in their plan for continuous improvement, it has commenced actions to address the deficiencies identified by the Assessment Team, including:

* The specialist nurse advisor will visit the service in January 2021 to provide mandatory education for all care staff and registered nurses.
* In collaboration with the consumer’s representative a new checklist in relation to the medication infusion pump will be implemented.
* All staff have been provided with a memo on diabetic management and action to be taken if readings are outside parameters.
* The clinical pharmacist will be facilitating education when they are next available to attend the service.

While I acknowledge the actions taken by the approved provider, I remain of the view that high impact, high prevalence risks are not being effectively managed for each consumer. I find this requirement is Non-compliant.

### Requirement 3(3)(c) Non-compliant

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

I have considered the Assessment Team’s findings under this and other requirements and am satisfied the service had not demonstrated the needs of consumers nearing the end of life and/or with a life threatening medical diagnosis had been consistently addressed, or that a consumer identified as nearing the end of their life had been provided with care that maximised their comfort and supported their dignity. For example:

* A consumer who had a recorded ‘not for resuscitation’ preference noted following a case conference did not have a documented advanced health care directive or other clinical documentation reflecting this preference.
* The approved provider states in its response the consumer has discussed their diagnosis with their medical specialist, is able to make their own decision and does not want ongoing treatment. I accept this discussion with the specialist is documented and is reflected on the service’s electronic clinical management system. However, the clinical needs and preferences of the consumer are not reflected on the consumer’s care plan to guide staff practice, together with directives to support staff to manage the potential outcome (of the consumer’s diagnosis) should a life-threatening event occur.
* A consumer identified as nearing the end of their life had not had their care plan reviewed to reflect their deteriorating health and a palliative care plan had not been implemented. While changes in pain relief medication were implemented, staff had not consistently monitored or evaluated the effectiveness of this, or other interventions implemented. The consumer expressed dissatisfaction with their pain management and specifically pain management overnight. A staff member advised that a registered nurse is not on site overnight and that this impacts the timeliness of the provision of pain relief medication to those consumers who are in pain.
* The approved provider in its response advises that action has been taken to identify and address the consumer’s palliative care needs including the timely provision of pain management interventions.

The approved provider states in their response and in their plan for continuous improvement, it has commenced actions to address the deficiencies identified by the Assessment Team, including:

* Staff meeting agenda items to discuss palliative care and escalation of end of life to support dignity.
* End of life care will be an agenda item at family case conference meetings.
* The Director of Nursing to source access to a palliative care consultant.

While I acknowledge the actions taken by the approved provider, I remain of the view the needs and preferences of consumers nearing the end of life are not consistently recognised and addressed, and their comfort is not maximised, or their dignity preserved. I find this requirement is Non-compliant.

### 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 found the service was not able to adequately demonstrate that changes in a consumer’s cognitive or physical function, capacity or conditions had been consistently recognised and responded to in a timely manner. There was no documented evidence that deterioration was reported or followed through by registered staff. This was evidenced by:

* Not all sampled care documentation demonstrated care plans were reviewed within the service’s designated timeframes of three monthly.
* One consumer with a medication change that might lead to low blood pressure, had directives for twice daily blood pressure checks and had reportable parameters set. While staff record the consumer experienced low blood pressure, this was not rechecked, retaken (until the following day) and was not reported as outside the set parameters.
* One consumer with cognitive impairment experienced ongoing behaviours, which included disruptive behaviours overnight and wandering. While medications had been consistently reviewed to settle these behaviours, the service was not able to demonstrate all strategies implemented were reviewed for effectiveness. The service had not initiated a referral to a dementia specialist service to assist with the consumer’s ongoing behaviour management.
* While the approved provider acknowledges in its response the consumer is frequently awake during the night, they state there is no evidence that the consumer continues to portray or escalate their intrusive and disruptive behaviours. I am not persuaded by this viewpoint as while there has been some reduction in wandering, the consumer still experienced varying degrees of night wandering as evidenced by information included in the approved provider’s response.
* Staff reported their concern with their ability to adequately monitor and address changes or deterioration in consumer’s health status. Care staff and registered nurses described lack of continuity of registered nurses at the service impacted ongoing monitoring of consumers with deteriorating care needs. Care staff were not able to demonstrate follow-up of monitoring conducted, that fall outside of reportable parameters.
* The approved provider states in its response staff have been provided with reminders via a variety of avenues to report to registered nurses observations out of reportable range, that a quick reference guide is available for staff to identify the unwell consumer and if the care needs of the consumer escalates, it is the responsibility of staff to ask the registered nurse for assistance. I accept the service has processes in place, and has made guidance information available, to support staff in their roles; however, clinical monitoring has not identified the deficiencies in staff practice and/or adequately addressed the concerns of staff in relation to their ability to monitor or address changes in consumer’s health status.

The approved provider states in their response and in their plan for continuous improvement, it has commenced actions to address the deficiencies identified by the Assessment Team, including:

* A review of the guidelines for recognising the unwell consumer will be undertaken for registered nurses and care staff, in line with the service’s Deterioration and Health Changes policy.
* The Director of Nursing and registered nurse is to conduct toolbox talks at handover to ensure care staff can identify when to contact a registered nurse when a consumer is unwell.
* Guidelines for recognising the unwell consumer to be an agenda item at every Clinical Governance meeting and General Staff meeting.
* The service is accessing support from a dementia advisory service to assist in the management of consumers with complex behaviours.

While I acknowledge the actions taken by the approved provider, for the reasons detailed above, I find this requirement is Non-compliant.

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

The Assessment Team found information transferred within the service by various communication methods had not always ensured safe, effective and consistent care, where responsibility for care is shared. I have considered the Assessment Team’s findings under this and other requirements, which evidenced the following:

* Care planning documentation and progress notes did not consistently reflect current issues identified from assessments or changes in consumer care needs.
* Care staff did not have a shared understanding of the correct operation of a consumer’s medication infusion pump. When concerns regarding the function of the pump were raised by care staff, there was no evidence their concerns were escalated or followed up by registered nurses.
* A consumer had not had their care plan reviewed to reflect their deteriorating health and a palliative care plan had not been implemented. While changes in pain relief medication were implemented, staff had not consistently completed pain assessments or progress notes to reflect the consumer’s pain management interventions (both pharmacological and non-pharmacological) were monitored or evaluated for effectiveness.

The approved provider states in their response and in their plan for continuous improvement, it has commenced actions to address the deficiencies identified by the Assessment Team, including:

* A tool is being developed to assist staff with effective documentation, case planning and consumer assessment, to ensure uniformity and consistent care planning that is effective. This is to be completed mid-January 2021 and will be presented at the next Clinical Governance meeting.
* An audit of all consumer’s electronic clinical documentation is to be completed to ensure care planning documentation and progress notes reflect consumer’s current care needs.

While I acknowledge the actions taken by the approved provider, I remain of the view information about the consumer’s condition and needs is not adequately documented and/or communicated, and with others where responsibility for care is shared. I find this requirement is Non-compliant.

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

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

### Requirement 3(3)(g) 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.*

# STANDARD 7 NON-COMPLIANTHuman 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

A recommendation of Not Met in one or more requirements results in a recommendation of Not Met for the Quality Standard.

## 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 Assessment Team found workforce limitations were negatively impacting on the service’s ability to ensure consumers received timely delivery of safe and quality care and services.

Five of nine consumers and/or representatives interviewed expressed their concern around the capacity of the service’s workforce to ensure safe and quality care was consistently delivered, particularly during afternoon and night shifts which had fewer staff rostered. For example, consumers and representatives reported concerns in relation to:

* One care staff member being rostered overnight was insufficient to deliver safe care for and monitoring of all consumers, due to increased care needs of consumers.
* During afternoon and night shifts, care staff were not always able to respond to critical events and/or routine care matters in a timely way; this impacted negatively on consumers’ pain management.
* A consumer requiring assistance to mobilise reported they had chosen to ambulate independently overnight, as they had not wanted to call for assistance and put further pressure on staff.

Three care staff advised they are uncomfortable working overnight as one rostered staff member was not capable of meeting the care needs of all consumers overnight. Care staff described difficulty in providing adequate and timely care in the evening, when two care staff are rostered as:

* Three consumers require two staff for mobility/transfers.
* Half of the 33 consumers require some staff assistance preparing for bed.
* Five consumers require staff assistance with their evening meal.

A registered nurse reported concerns around the ability of registered staff to ensure continuity in clinical oversite as no full-time registered nurse was rostered at the service and the Director of nursing works across two of the organisation’s services.

The approved provider states in their response staff regularly rostered on night shift have not advised management of their discomfort working overnight and has provided details of how staff needs are reviewed and adjusted in response to feedback or changed acuity of consumers. However, I note the approved provider’s response does not include information as to how the service is monitoring consumer and/or representative satisfaction with workforce levels.

The Assessment Team brought forward evidence under Standard 2 and Standard 3 that there is insufficient staff to effectively assess, plan and monitor safe and quality care and services. For example, the Assessment Team identified:

* Review of consumers care needs, including restraint, was not always conducted regularly or when changes occurred. Consumers’ care plans were not consistently reflective of consumers’ needs.
* Consumers’ specialised nursing care needs, and the associated risks were not monitored and/or managed appropriately or in a timely way, in relation to pain, medication and diabetes management.
* Care needs of consumers nearing the end of life or with complex medical diagnoses had not been consistently addressed. A consumer identified as nearing the end of their life had not been provided with care that maximised their comfort and supported their dignity.
* Changes in a consumers’ function or condition had been consistently recognised and responded to in a timely manner; deterioration was not always reported or followed through by registered staff

The Assessment Team noted the service did not undertake auditing and analysis of call bell (including sensor mat) data.

The approved provider states in their response and in their plan for continuous improvement, it has commenced actions to address the deficiencies identified by the Assessment Team, including:

* The Chief Executive Officer has engaged an employment consultant to recruit an Assistant Director of Nursing to assist in auditing, follow-up of clinical documentation and provide additional clinical oversight.
* A full-time registered nurse has been employed from Monday to Friday to enable continuity of care and consistent handover. The registered nurse commences on 11 January 2021.
* A review of the service’s Workforce Sufficiency policy and Roster Procedure will be undertaken to ensure the roster meets the needs of the consumer.
* A workload audit is to be conducted on the duties of the night care staff member; this 28-day audit is to commence on 18 January. 2021.
* Call bell monitoring and analysis to be recommenced and graphed. All unanswered call bells over 10 minutes to be investigated.

While I acknowledge the actions taken by the approved provider, I remain of the view the number and mix of members of the workforce deployed does not enable the delivery and management of safe and quality care and services. 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 organisation must demonstrate 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.
* The organisation is to ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care; that is best practice, tailored to their needs, and optimises their health and well-being.
* The organisation is to ensure effective management of high impact or high prevalence risks associated with the care of each consumer.
* The organisation is required to ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.
* The organisation is to ensure that 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 organisation is required to ensure 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.
* The organisation is to ensure the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services.