Miranda Aged Care Facility

Performance Report

268 Port Hacking Road
MIRANDA NSW 2228
Phone number: 02 9525 3210

**Commission ID:** 2502

**Provider name:** Jesmond Aged Care Pty Ltd

**Assessment Contact - Site date:** 22 July 2020

**Date of Performance Report:** 22 September 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(b) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) |  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 11 August 2020.

# 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 sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers (or representatives on their behalf) about what is important to them for care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

One (1) requirement was assessed and I have found it 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 2 Requirements

### Requirement 2(3)(b) Non-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.*

The Assessment Team found that new assessment and planning does not identify and address the current personal and clinical care needs of some consumers. At the time of the assessment contact seven consumers had not had new assessment and planning undertaken. Examples of care planning documentation reviewed by the Assessment Team show the process of assessment and planning is not consistently comprehensive or up-to-date with appropriate consumer goals and preferences. While consumers sampled have an advanced care directive, this is not always complete and is not always reviewed in a timely manner for currency.

I have considered the Assessment Team 's report and the Approved Provider's response. I acknowledge the Approved Provider has provided a response in which it set out the actions it had taken in response to the assessment team's feedback and outlined additional improvements it was in the process of implementing. However, I consider that at the time of the Assessment Contact the approved provider was not compliant with this requirement, and that the embedding and sustainability of a system of assessment and planning resulting in consumers' needs, goals and preferences being identified and met consistently is yet to be demonstrated.

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

# 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

Some consumers (or a representative on their behalf) thought the consumer receives personal care and clinical care that is safe and right for them, however one consumer and one representative provided information about the personal and clinical care not being safe and/or right for them.

The Assessment Team found that consumers do not get safe and effective clinical care that is best practice and tailored to their needs or which optimises their health and well-being in the areas of unintended weight loss, psychotropic medication use/chemical restraint, and pain management.

High impact and high prevalence risks associated with the care of consumers have not been managed effectively in relation to falls risk, pressure injury risk and swallowing risk.

Two requirements were was assessed and I have found them both 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) 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 provided information demonstrating consumers do not get safe and effective clinical care that is best practice and tailored to their needs or which optimises their health and well-being in the areas of unintended weight loss, psychotropic medication use/chemical restraint, and pain management.

The Approved Provider provided a response in which it clarified some information, but I do not consider that information significantly changed the content of the Assessment Team’s report. In its response the approved provider also set out details of the improvements it had actioned and a continuous improvement plan outlining their response to the issues raised by the assessment team. In particular, I note the service has provided and is planning further training for staff to address the issues raised and is expecting the implementation of an electronic care documentation system in September 2020 to assist the service in improving its documentation and record keeping systems.

I have considered the Assessment Team 's report and the Approved Provider's response. I acknowledge the Approved Provider has provided a response in which it set out the actions it had taken in response to the assessment team's feedback and outlined additional improvements it was in the process of implementing. However, I consider that at the time of the Assessment Contact the approved provider was not compliant with this requirement, and that the embedding and sustainability of the improvements is yet to be demonstrated.

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

### 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 high impact and high prevalence risks associated with the care of consumers have not been managed effectively in relation to falls risk, pressure injury risk and swallowing risk.

The Approved Provider provided a response in which it disputed some information about a consumer’s wounds and clarified other aspects, but I do not consider that information significantly changed the content of the Assessment Team’s report. In its response the approved provider also set out details of the improvements it had actioned or would undertake in response the issues raised by the assessment team.

I have considered the Assessment Team 's report and the Approved Provider's response. I acknowledge the Approved Provider has provided a response in which it set out the actions it had taken in response to the assessment team's feedback and outlined additional improvements it was in the process of implementing. However, I consider that at the time of the Assessment Contact the approved provider was not compliant with this requirement, and that the embedding and sustainability of the improvements is yet to be demonstrated.

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 2**

### Requirement 2(3)(b)

*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.*

* Ensure that 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.

**Standard 3**

### Requirement 3(3)(a)

*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.*
* Demonstrate that each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being, including but not limited to management of unintended weight loss, psychotropic medication use/chemical restraint and pain management.

### Requirement 3(3)(b)

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

* Demonstrate effective management of high impact and high prevalence risks associated with each consumer including but not limited to management of risks associated with falls, pressure injuries and swallowing.

# Other relevant matters

On 09 March 2020 following a Review Audit the provider was assessed as non-compliant with the following requirement(s) of the Quality Standards; these non-compliant requirements were not assessed during this performance assessment:

**Standard 1 Consumer dignity and choice**

* Requirement 1(3)(c)

**Standard 2 Ongoing assessment and planning with consumers**

* Requirement 2(3)(a)
* Requirement 2(3)(c)
* Requirement 2(3)(d)
* Requirement 2(3)(e)

**Standard 3 Personal care and clinical care**

* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(f)

**Standard 4 Services and supports for daily living**

* Requirement 4(3)(c)
* Requirement 4(3)(d)
* Requirement 4(3)(f)

**Standard 6 Feedback and complaints**

* Requirement 6(3)(d)

**Standard 7 Human resources**

* Requirement 7(3)(c)
* Requirement 7(3)(d)
* Requirement 7(3)(e)
* **Standard 8 Organisational governance**
* Requirement 8(3)(a)
* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)