Mt Kooyong Convalescent Home

Performance Report

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**Commission ID:** 5827

**Provider name:** Adermina Pty Ltd

**Assessment Contact - Site date:** 16 July 2020

**Date of Performance Report:** 17 August 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-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) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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 10 August 2020.

# STANDARD 2 NON-COMPLIANT Ongoing 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

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Consumers do not consider they feel like partners in the ongoing assessment and planning of their care and services. Consumers/representatives are not involved in assessment and care planning, informed of the outcomes or are aware of how they can access a copy of their care and services plan.

While the Approved provider has processes to direct assessment and care planning, the Assessment Team identified through review of care documentation these are not clearly defined or reviewed for consistency to ensure they optimise the health and well-being of the consumer in accordance with their needs, goals and preferences.

While staff demonstrated awareness of consumers’ general preferences, and consumers are generally satisfied that their preferences and goals for their daily care are achieved, the Approved provider does not have an effective system to ensure monitoring and delivery of assessment and planning that captures consumer goals, preferences and end of life care planning.

The Quality Standard is assessed as Non-compliant as three 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) Non-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.*

While the Approved provider completes assessment and care planning for the consumer, and they involve other providers, including the physiotherapist and speech pathologist, the Approved provider is unable to demonstrate the assessment and planning is based on ongoing partnerships with the consumer and others who the consumer wishes to involve in the process.

A review of consumer documentation does not consistently reflect that others are involved in assessment and planning; including the consumer or the people the consumer wishes to be involved in their care. A quarterly care plan review is undertaken by registered staff and there was no evidence to support consumers and/or their representatives where involved in the review. An annual assessment and care plan evaluation is undertaken, however there was minimal evidence to support consumer/representative partnership in the evaluation process.

The Approved provider in its response to the Assessment Team’s finding has provided progress notes to demonstrate the consultation with consumers and/or their representatives in relation to their involvement in assessment and planning. While I acknowledge these progress notes demonstrate communication processes exist between the Approved provider, the consumer’s medical officer and the consumer and/or their representative in relation to changes to the consumer’s care needs, it is my decision the progress notes do not adequately support a partnership between the consumer and/or their representative in assessment and planning processes.

Staff are unable to describe how consumers/representatives and other individuals and providers are involved in assessment and care planning. While representatives of the Approved provider stated they involve consumers and/or their representative in assessment and planning through case conferences, telephone conversations and emails. There was inconsistent feedback from consumers to support these processes include the partnership of consumers and/or their representatives in assessment and planning.

The Approved provider in its written response to the Assessment Team’s findings has committed to reviewing the format for care and services planning to demonstrate consumers and/or their representatives are involved in assessment and planning processes. The Approved provider has also committed to implementing a consultation record to demonstrate the involvement of the consumer and/or their representatives in any changes to the care and services plan. The Approved provider has also altered the format of the care plan review document to record the names of all participants, updating of the policies and procedures to provide staff guidance regarding the inclusion of consumers and/or their representatives to gather their goals and preferences.

While I acknowledge the actions the Approved provider has committed to implementing to address the deficiencies in this Requirement, it is my decision that at the time of the Assessment contact, there is insufficient evidence to support assessment and planning is based on an 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.

Therefore, it is my decision the Approved provider is non-compliant with this Requirement.

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

While the Approved provider completes assessments and planning for consumers, the outcomes of these are not communicated to the consumers/representatives and the care and services plans is not readily available to the consumers/representative.

The Assessment Team reviewed the care files for five consumers which did not demonstrate the outcomes of assessment and care planning has been communicated to consumers/representatives. Consumers/representatives are not aware they could access a copy of the care plan. Consumers/representatives are not aware when changes were made to their care plans and were unsure what information was in their care plan.

The Approved provider in its written response to the Assessment Team’s findings has committed to actions to address this deficiency. Actions include a revised care plan format with the ability to capture the input from relevant stakeholders. The ‘Resident’ handbook has been amended and consumers/representative have been advised they can access a copy of their care plan. The monitoring of the implantation of these processes will be captured through the Approved provider’s auditing program. Training will be provided to staff relating to updated documents, required practices and monitoring processes.

While I acknowledge the actions the Approved provider has committed to, it is my decision at the time of the Assessment contact, the outcomes of assessment and planning were not effectively communicated to the consumer and care plans were not readily available to the consumer and/or their representatives. Therefore, it is my decision this Requirement is non-compliant

### 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.*

The Approved provider is unable to demonstrate it reviews the care and services for effectiveness or when incidents impact of the needs, goals and preferences of the consumer. Care plans for consumers sampled did evidence registered staff review the care plan on a three-monthly basis, however the documentation is unclear regarding any changes to the care plan. The registered staff document in the progress notes when circumstances change and/or incidents occur. Documentation in the progress notes for some consumers provided information for staff regarding recent changes for the consumer, however this information has not been transferred to consumers’ care plans.

For a named consumer, their care plan was not updated to reflect changes to their dietary needs and visual observation requirements. For another named consumer with challenging behaviours, care planning does not include medical officer directives in relation to chemical restraint.

The Approved provider in its written response to the Assessment Team’s findings disputes that care and services plans are not current and stated documented evidence was available to the Assessment Team to support these processes. The Approved provider has taken additional action to support this process via the implementation of a consultation record to document and changes or required alterations to a consumer’s circumstances, goals or condition.

While I acknowledge the actions the Approved provider has implemented to address the deficiencies in this Requirement including the implementation of the consultation record, these processes will take time to implement and evaluate for their effectiveness. Therefore, it is my decision at the time of the Assessment contact processes were not in place to ensure care and services are reviewed when circumstances change or when incidents occur, and this Requirement is non-compliant.

# 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 Assessment Team also examined relevant documents.

Consumers considered that they receive personal care and clinical care when they need it and care provided is tailored to their individualised needs. Consumers and staff confirm there are systems in place to ensure the care provided is safe and access to medical or health professionals is facilitated in a timely manner.

Clinical and care documentation for consumers sampled reflected individualised care that is generally effective and tailored to the specific needs and preferences of the consumer.

However, the Approved provider was not able to demonstrate identification, management and monitoring the use of restraint was implemented in accordance with legislative requirements and pain management processes were not effective.

The Quality Standard is assessed as Non-compliant as one 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 Approved provider is unable to demonstrate effective restraint management processes. While the Approved provider has policies and procedures to support the delivery of personal and clinical care which contain references to best practice documentation and guidance, the Assessment Team have identified deficiencies in restraint implementation, management and monitoring.

The assessment of risk for six consumers who have physical restraints (bedrails) in use has not been completed to identify the risk of harm to the consumers. Consent has not been obtained from the consumer and/or their representative in relation to the physical restraints. The care plan for a named consumer who requires chemical restraint does not contain detailed information as required by legislation as per the *Quality of Care Principles 2019.* For the named consumer requiring chemical, documentation does not support, consent from the consumer’s representative was obtained as soon as practicable following the commencement of the restraint. The use of alternative strategies prior to the use of chemical restraint have not been documented.

The Assessment Team identified pain management strategies for one consumer have not been documented as being implemented, the Approved provider in its written response to the Assessment Team’s findings, provided information to support to the implementation of pain management strategies for the consumer as per the medical officer directives.

The Approved provider in its written response to the Assessment Team’s findings refuted the information relating to restraint practices, as on the day of the Assessment contact some documentation had been misfiled. The Approved provider has also stated alternative strategies were documented as trialled prior to the use of as required chemical restraint for a named consumer. I have reviewed the progress notes submitted by the Approved provider, but I am unable to determine what alternative strategies were trialled as there are no progress notes for dates recorded by the Assessment Team when the consumer was administered as required medication in the form of chemical restraint.

The Approved provider in its written response to the Assessment Team’s findings has committed to a number of actions to address the deficiencies in restraint management. Actions include, consultation between consumers and/or their representatives regarding consent for physical restraint has occurred and is documented on a revised restraint authorisation form. An electronic monitoring system has been introduced to ensure the currency of restraint documentation. Policies and procedures are undergoing review to reflect legislative requirements and education and training is ongoing in relation to restraint and restrictive practices.

While I acknowledge the actions the Approved provider has committed to implementing to address the deficiencies in this Requirement relating to restraint management, it is my decision these processes were not in place at the time of the Assessment contact. Therefore, it is my decision this Requirement is non-compliant.

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

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

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

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

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

### Requirement 3(3)(e) 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 identified information on consumer’s condition, needs and preferences is not consistently documented or communicated with those involved in the care of consumers. I have come to a different decision to the Assessment Team. The Assessment Team provided evidence two consumers with care documentation which did not support their current needs, it is my decision that this evidence does not support non-compliance in this Requirement.

I note consumers and their representatives are satisfied with care and services, staff share an understanding of individual consumer needs and preferences and shift handover processes include the sharing of information relating to changes in consumers’ health status. It is therefore my decision, this Requirement is 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.*

# 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.

* Assessment and planning processes are to be inclusive of an ongoing partnership with the consumer and others the consumer wishes to be involved.
* The outcomes of assessments and planning are to be communicated to consumers and/or their representatives.
* Care and service plans are required to be readily available to the consumer and/or their representative.
* Care and service plans are to be reviewed for effectiveness following incidents or changes in circumstances, which impact on the needs, goals and preferences of the consumer.
* Restraint management practices are to be in line with legislative requirements.