Pacific Lodge Aged Care Plus Centre

Performance Report

8 Homestead Avenue   
COLLAROY NSW 2097  
Phone number: 02 9982 8090

**Commission ID:** 0416

**Provider name:** The Salvation Army (NSW) Property Trust

**Assessment Contact - Site date:** 15 February 2021 to 17 February 2021

**Date of Performance Report:** 6 April 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(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; and
* the provider’s response to the Assessment Contact - Site report received 16 March 2021.

# 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.

### The Assessment Team findings are that falls risk are not assessed on entry in accordance with best practice and in accordance with organisational expectation. For two consumers sampled, there has been inadequate investigation and individualised strategies to minimise the risk. Skin injury incidents have not been reported for one consumer sampled.

### A finding of non-compliance in one or more requirements results in a decision that the Quality Standard is non-complaint.

## Assessment of Standard 2 Requirements

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

The Assessment Team found the organisation has policies and procedures to guide staff practice in relation to conducting assessments and developing care plans according to a schedule however, in relation to managing falls risk, these do not reflect best practice. For one consumer sampled who entered the service last year, assessment and care planning has not addressed their individual needs in relation to falls prevention and continence management.

A consumer’s representative said that her mother has fallen on multiple occasions and, while she is informed of the falls, she does not have confidence that the staff know how to assess her mother and whether they are able establish the cause of the falls.

The Assessment Team found that the organisation has a new admission and care assessment flowchart that guides staff with the assessments to be completed according to a schedule. While an interim care plan and mobility assessment is conducted within the first day of entry, a falls risk assessment is not conducted until day eight and for the consumers sampled, this was delayed.

The Approved Provider also submitted information about the issues raised by the Assessment Team. The information provided was an extensive range of documents to show the actions that were being undertaken by the service particularly in relation to falls management. Whilst these documents were a record of some considerations that had been made for consumer planning, there were still delays and they did not demonstrate that identification had translated into action for consumer care. It was difficult to see the connections that demonstrated that assessment and planning informed the delivery of safe and effective care and services.

I am of the view that the Approved Provider does not comply with this requirement as the Approved Provided has not demonstrated that 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)(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 Assessment Team found that whilst there is evidence of regular review of assessments and therefore care plans, there was a lack of comprehensive investigation of incidents which impact on the needs of consumers. This means that strategies to minimise the risk of reoccurrence are not being adequately identified and actioned. For two consumers sampled, individual strategies have not been identified and put in place to minimise risk of falls and for another reporting of skin conditions has not occurred. For another consumer, the use of equipment was not reviewed for effectiveness in prevention of falls.

A consumer representative said that the service has not been able to tell them the cause of her calls that the staff don’t seem to be trained in preventing falls or on using the equipment their mother needs.

#### The Assessment Team asked the acting centre manager and acting care manager about the possibility that continence was a contributing to falls. The acting centre manager said they use a toileting schedule saying that this was best practice. The Assessment Team asked about whether the consumer’s normal toileting pattern is assessed and used to determine toileting schedules and they said it was not. That they rely on the schedule.

The Approved Provider also submitted information about the issues raised by the Assessment Team. The information provided some details on individual consumers’ circumstances however it was still not clear from this information or the Assessment Team findings that is a fluid process for recording and then modifying the care provided to consumers when there is a change in circumstances, incidents or a change in consumer preference.

I am of the view that the Approved Provider does not comply with this requirement as the Approved Provided has not demonstrated that the 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.

# 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.

### The Assessment Team findings are that consumers sampled do not receive care that optimises their health and wellbeing and does not reflect best practice. For two consumers sampled, it is not evident that end of life care is appropriate or meets their needs. Chemical restraint is not well understood. The documentation of wound healing is limited, and photography does not assist in monitoring progress towards wound healing.

### A finding of non-compliance in one or more requirements results in a decision that the Quality Standard is non-complaint.

### 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 found that whilst consumers (or representatives on their behalf) gave mostly positive feedback about clinical and personal care, the review of care and service records does not support that clinical care provided to the consumers sampled is best practice and does not optimise consumers’ health and wellbeing. Chemical restraint is not well understood, and end of life care medications appear to have been used as chemical restraint without adequate investigation into agitation. Falls prevention strategies do not reflect best practice and do not include consideration of continence management.

The Assessment Team asked risk-based questions to determine chemical restraint. The acting centre manager said that no consumers are chemically restrained at the service and all psychotropic medications are supported by appropriate diagnosis. Further questioning however determined that psychotropic medication was used as a chemical restraint.

The service has a suite of policies including a wound management policy. The policy outlines the process for monitoring and recording wounds, using measurements and clearly labelled photographs. Chronic wounds should be photographed at monthly intervals. However, the Assessment Team observed wound monitoring and recording was not consistent with the policy.

The Assessment team found that for one consumer there was no pain assessments or monitoring completed by care or nursing staff in relation to wound pain and chronic back pain. This was despite the consumer demonstrating behaviour indicative of pain. Another consumer’s clinical records did not show pain monitoring. When asked where nursing staff record pain assessments she said it was usually part of other assessments and not recorded as a pain assessment. The registered nurses were asked if the consumer experienced pain when dressings are changed. They indicated that pain was not verbalised at the time of changing the dressing however, they do not complete a pain assessment.

The Approved Provider also submitted information about the issues raised by the Assessment Team. The information provided some details on individual consumers’ circumstances however it still showed inconsistencies in the application of policies and procedures in the provision of care to the care of consumers. The Approved Provider also acknowledgement that the Assessment Team had found some discrepancies which have now been rectified. The compliance decision must be made based on the evidence seen at the service at the time of the audit therefore the improvements are acknowledged however, they are not reflective of what was witnessed at the service by the Assessment Team on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as the Approved Provided has not demonstrated that 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.

### 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.*

# 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 2(3)(a)

*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.*

* Continuing review of policies, procedures and supporting documents to ensure the consider the inclusion of a FRAT assessment within an earlier timeframe.
* Ensuring that care planning is up to date, and it is reflective of effective care and services for consumers.
* Reviewing processes and staffing levels to ensure that assessment and planning is consistent and completed within a timeframe that reduces risk and is most beneficial for the consumer.

### Requirement 2(3)(e)

*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.*

* Developing and strengthening the review of effectiveness of care to consumers so that it flows more readily into the care provided.
* Reviewing patterns of care for effectiveness and developing modifications where circumstances change, there are incidents or there is a change in consumer preference.
* Ensuring that the use of standardised practices is minimised to ensure individualised and responsive care.

### 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.*

* Ensuring and understanding best practice care that optimises consumers’ health and wellbeing.
* Training all staff in the understanding of what constitutes chemical restraint.
* Reviewing falls prevention, wound care and continence management for best practice and ensure all staff are maintaining this consistently.