Parkview Nursing Home

Performance Report

29 Park Road
FIVE DOCK NSW 2046
Phone number: 02 9713 6815

**Commission ID:** 2256

**Provider name:** Benessere Health Care Pty Ltd

**Assessment Contact - Site date:** 3 September 2020

**Date of Performance Report:** 29 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(e) | 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 25 September 2020.

# 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

To understand the consumer’s experience and how the organisation understands and applies one requirement 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, made observations and interviewed management.

The Assessment Team assessed one requirement in this standard found that the requirement was not met

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)(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.*

The Assessment Team found that Interviews with management, staff, consumers and representatives, review of some documentation and some observations show procedures and practices which support minimising infection related risks. However, observations show the environment and some equipment including shared equipment for use with consumers is not well maintained and/or is not kept clean. This does not support infection prevention and control. Also, review of consumers’ care and service records shows infections are identified and treated however also that the reason for antibiotic use was not clear for two consumers.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. The approved provider does not dispute the finding of the Assessment Team. They provided an extensive plan for continuous improvement which describes activities to be undertaken to rectify the numerous environmental issues impacting on effective infection control. As this plan commenced after the assessment contact and is not due for completion until December 2020, I am not satisfied that the approved provider has demonstrated that it is compliant with this requirement at this time.

I am of the view that the approved provider does not comply with this requirement as it does not demonstrate that it adequately minimises infection related risks at the service.

# STANDARD 8 NON-COMPLIANTOrganisational 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 one requirement 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). The team also reviewed consumer care and service records relating to restraint, interviewed a consumer and two representatives in relation to this, and made relevant observations.

Overall feedback from consumers and representatives relating to the quality of care and services is positive. A consumer and a consumer representative expressed they wanted the bedrails and another consumer representative indicated they were not concerned about the bedrails being used. A representative provided information about being asked to agree to use of bedrails on behalf of the consumer, however that the consumer is able to make decisions for them-self and the representative does not have enduring guardianship.

Effective clinical governance has generally been demonstrated in relation to antimicrobial stewardship with a system and processes in place for regular monitoring of the use of antibiotics. However, effective clinical governance has not been demonstrated in relation to minimising the use of restraint.

For one consumer psychotropic medication has not been recognised and managed as chemical restraint, and it has not been demonstrated that it is being used as a last resort for the consumer.

Bedrails are not recognised as physical restraint by the organisation. A bedrail assessment is undertaken for each consumer on the first day they move into the service and currently 92% of consumers have bedrails. The various reasons why bedrails are used have not been clearly identified. Alternatives to using bedrails, including where this is physical restraint, have not been considered and relevant equipment has not been used or is not available to enable this to occur. Consent and legal issues have not been considered and are not understood.

Information was not gathered about clinical governance in relation to open disclosure during this performance assessment.

The Assessment Team assessed one requirement of this standard and this was found not met.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Non-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 the clinical governance framework is not effective in minimising the use of restraint at the service. While management reported that no consumers are chemically or physically restrained at the service, information and the Assessment Team’s observations confirm that this is not accurate. The organisation has policy and procedure relating to restraint, last reviewed December 2019, which includes reference to best practice such as the Decision-making tool: Supporting a restraint free environment but not the minimising restraint regulation. The policy does not include definitions of restraint consistent with the regulation, and it does not reflect that bedrails are recognised as restraint (noting only Parkview approved restraints can be used at the service and these include soft belts and mittens). The organisation has policy and procedure relating to restraint bedrails, last reviewed July 2018, which does not include reference to the best practice tool named further above or the restraint minimisation regulation, and which does not recognise that bedrails can be restraint. Review of a restraint folder provided shows none of the consumers is restrained.

When asked what changes were made to policy, procedure and practice relating to the restraint minimisation regulation which came into effect on 1 July 2019, spoke of having met with consumers and their representatives to discuss this and consult with them. The clinical care manager did not demonstrate an understanding of the regulation, and when asked did not seem familiar with the restraint scenarios released by the Commission which include information about bedrails as restraint.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. The provider accepts the Assessment Team’s findings concerning physical restraint. I acknowledge that the approved provider has taken actions following feedback from the Assessment team which includes revising their policy. They provided an extensive plan for continuous improvement which describes further activities to be undertaken to rectify the issues releting to the implementation of the revised policy. As this plan commenced after the assessment contact and is not due for completion until October 2020, I am not satisfied that the approved provider has demonstrated that it is compliant with this requirement at this time.

I am of the view that the approved provider does not comply with this requirement as they do not demonstrate an effective clinical governance framework.

# 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.

* Implementation of the plan for continuous improvement that was submitted with their response to this assessment contact, to address extensive environmental factors impacting on effective infection control and the implementation of the revised policy for physical restraint including:
	+ Informing all consumers and representatives of the change; and
	+ Undertaking a full review of resident suing bed rails and establish their ‘competency’ status to provide informed consent.