Polish Retirement Home

Performance Report

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BAYSWATER VIC 3153  
Phone number: 03 9720 3575

**Commission ID:** 3189

**Provider name:** Australian-Polish Benevolent Association of Victoria Inc

**Assessment Contact - Desk date:** 7 September 2021 to 14 September 2021

**Date of Performance Report:** 22 October 2021

# Performance report prepared by

Adrian Clementz, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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)(a) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commissioner’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 - Desk; the Assessment Contact - Desk 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 - Desk report received 23 September 2021.

# 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

The focus of this Assessment Contact – Desk in relation to this Standard was to review the service’s progress in addressing Non-compliance in Standard 3(3)(a).

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.

Overall sampled consumers/representatives considered that they receive personal care and clinical care that is safe and right for them. However, while the service has implemented improvements, staff practices in relation to skin integrity and pain management is not always best practice or optimise consumer health and wellbeing.

Standard 3 Requirement (3)(a) is assessed as Non-compliant.

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 Assessment Team found while the service has implemented improvements in relation to clinical care processes, these have not been fully embedded in staff practice.

In relation to skin integrity, the Assessment Team presented evidence for two consumers with current pressure injuries where the skin integrity impairment was not identified in a timely manner; preventative strategies were not effectively identified or put in place; and, incomplete wound management documentation.

The provider’s response stated the service’s system has been reviewed and updated. The response described action taken for the respective consumers, including assessment by an occupational therapist and geriatrician, introduction of pressure relieving equipment and supplements, and, preparation of individual pressure injury schedules. Staff will undergo training and a range of skin products introduced.

In relation to pain management, the Assessment Team presented evidence that although pain is now being recorded as a consideration when documenting wound reviews, not all pain observations are recorded contemporaneously using standardised assessment tools, descriptions or scores. Validated instruments to assist in the assessment of pain for consumers unable to clearly articulate their needs are not used where required.

The provider’s response stated the pain assessment process has been reviewed and tailored to the needs of individual consumers. Pain management and pain interventions have all been reviewed.

In relation to respective practices, the engagement of a geriatrician for quarterly reviews has resulted in a cessation of use of psychotropic medications for two consumers sampled. Other evidence included under this requirement in relation to restrictive practices has been considered under Standard 8 Requirement (3)(e).

While I acknowledge the improvements made by the service, the Assessment Team identified deficits in processes and staff practice that do not optimise consumer health and wellbeing or are best practice. While I note the action taken as described in the provider’s response, these practices still need to be evaluated to ensure they are embedded in everyday practice. I find the service remains non-compliant with this requirement.

# STANDARD 8 NON-COMPLIANT Organisational 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

The focus of this Assessment Contact - Desk in relation to this Standard was to review the service’s progress in addressing non-compliance in Standard 8(3)(e).

The Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisation’s clinical governance framework.

While the service has a documented clinical governance framework and have made improvements to restrictive practices processes, staff practices using these tools does not enable effective identification and monitoring of the use of psychotropic medications.

Standard 8 Requirement (3)(e) is assessed as non-compliant.

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 while the service has implemented processes to strengthen clinical governance, including in relation to use of psychotropic medications, the application of the processes do not enable effective monitoring of the use of psychotropic medications. Evidence included;

* The information sheet for each consumer commenced as an improvement does not always include current information about reasons for each medication ordered is not listed.
* Reasons for use of psychotropic medication do not always align with a relevant diagnosis for that medication.
* The service’s psychotropic register does not include all relevant information for individual consumers.
* Consent forms do not detail each medication and its potential side effects.

The provider’s response states processes have been updated to ensure regular review to determine whether restraint is still appropriate and additional information included in the service’s psychotropic register.

While I acknowledge the improvements made by the service, processes to enable the service to identify, monitor and manage the use of restrictive practices and psychotropic medications are not yet fully effective. I this find the service remains 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.

### Requirement 3(3)(a)

* Ensure risk assessment processes enable timely identification of potential/actual impairment to skin integrity.
* Ensure adequate equipment is available to put in place preventative strategies
* Ensure staff wound documentation is effective.
* Ensure the effective use of pain assessment tools.

### Requirement 8(3)(e)

* Ensure staff practice using the services processes and tools to identify and monitor the use of psychotropic medications is effective.