Redcliffe Aged Care Service

Performance Report

39 Baringa Street   
CLONTARF QLD 4019  
Phone number: 07 3284 6638

**Commission ID:** 5956

**Provider name:** Beaumont Care (Holdings) Pty Ltd

**Assessment Contact - Site date:** 21 July 2020

**Date of Performance Report:** 19 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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | 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 17 August 2020.

# STANDARD 2 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 Approved provider 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 feel like partners in the ongoing assessment and planning of their care and services. Consumers are involved in the initial and ongoing planning of their care on entry to the service, third monthly and when there is a change to their needs, goals and preferences. Consumers and/or their representatives are informed of the outcomes of assessments and care planning. While not all consumers and/or their representatives interviewed said they had been offered or received a copy of their care plan, all stated they feel confident that they can have access to their care plans should they want to. Consumers and/or their representatives confirmed the Approved provider seeks input from Medical officers, other health professionals and family to inform their care and services. Consumers and/or their representatives stated they have discussed end of life planning and that end of life preferences were regularly discussed during care plan reviews and case conferences.

The Assessment Team reviewed assessment and care planning documentation for consumers and identified that reviews are being completed regularly and in conjunction with the consumer and/or their representative. Assessment and care planning documentation reflected individual consumer’s current needs, goals and preferences.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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) 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.*

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

### Requirement 2(3)(e) 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.*

# 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 Approved provider 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 that is safe, right for them and they get the care they need. Consumers have access to a Medical officer or other health profession when they need it.

Clinical records reviewed by the Assessment Team demonstrate consumers receive appropriate personal and clinical care in relation to their end of life cares and where they experience a deterioration or change in their health status. Care documents for the consumers provide adequate information to support effective sharing of the consumer’s care and reflected timely and appropriate referrals and input/recommendations from Medical officer, a range of allied health and other medical professionals.

The Assessment Team identified the Approved provider was unable to demonstrate clinical care delivery is best practice in relation to restraint identification, monitoring and management.

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 identified care documentation reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Consumers and representatives are satisfied with the personal and clinical care provided. Staff demonstrated individual knowledge of consumers’ needs and preferences and how they meet these.

While the Assessment Team received positive feedback from consumers and representatives regarding care and services, the Assessment Team identified deficiencies in practices in relation to restraint identification, monitoring and management. In conjunction with the Assessment Team’s findings and the written response provided by the Approved provider, I have come to a decision this Requirement is non-compliant. The reasons for my decision are listed below.

The Assessment Team identified two named consumers have exit seeking behaviours and at times it is necessary to secure the facility to ensure the safety of the consumers. The Approved provider acknowledged there were no environmental restraints in place for the two named consumers at the time of the Assessment contact. The Approved provider also identified staff are unable to lock the front doors of the service from the inside of the service, however consent for environmental restraint was gained for the two named consumers. The Approved provider also demonstrated behaviour management strategies to manage the two named consumers were in place prior to the Assessment contact, with strategies to manage their exit seeking behaviours.

Management at the service were unable to articulate how many consumers and which consumers require chemical restraints. The Approved provider in its written response demonstrated there is a monitoring process in place to monitor the number of consumers requiring restraints, including consumers requiring chemical restraint in the form of a weekly report. However, this process had not been followed and consumers requiring chemical restraint were not included in the weekly report. This deficiency has been addressed and rectified by the Approved provider. While I acknowledge the immediate steps, the Approved provider has taken to address the monitoring and recording of consumers requiring chemical restraint, it is concerning that consumers who require chemical restraint are not known to management at the service. I also acknowledge additional training and support will be provided to management and staff in relation to restraint management.

The Assessment Team identified through the review of a named consumer’s clinical file, that documentation did not support the use of alternative strategies were trialled prior to the use of chemical restraint. The Assessment Team also identified restraint authorities do not consistently contain information to support the need for the restraint is reviewed regularly or that consent from consumers and/or their representatives is sought prior to the implementation of the restraint.

In relation to addressing restraint management deficiencies identified by the Assessment Team, the Approved provider committed to the following actions, which include training on restraint management and medical records and the law. The care plan review checklist has been updated to include information relating to authorisation, consent and the ongoing need for restraint to be located in separate areas of the form to ensure appropriate completion.

The Approved provider has acknowledged the deficiencies identified by the Assessment Team, and while I acknowledge the actions taken by the Approved provider to address these deficiencies, it is my decision at the time of the Assessment contact processes were not in place to identify, monitor and manage restraints and therefore, my decision is 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.*

### 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.

* The Approved provider needs to ensure the management of restraints is in line with legislation as per *The Quality of Care Principles 2019.*