S Antonio Da Padova Nursing Home

Performance Report

7 North Road
RYDE NSW 2112
Phone number: 02 9809 2211

**Commission ID:** 2003

**Provider name:** S'Antonio Da Padova Protettore Di Poggioreale Sydney Nursing Home Limited

**Assessment Contact - Site date:** 23 September 2020 to 24 September 2020

**Date of Performance Report:** 14 December 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | 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) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(c) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | 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, and
* the provider’s response to the Assessment Contact - Site report received 5 November 2020.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team spoke with sampled consumers about their needs, reviewed consumer care planning documentation for alignment with their feedback, and discussed the application of the assessed requirements under this Standard with staff. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Although the Assessment Team found that most sampled consumers believe they are supported to make choices and live the life they choose, some consumers were not being supported in this same way.

Staff interviewed showed an understanding of consumer preferences for care and services and how to support consumers to take risks to live the best life they can. Despite this instances were identified by the Assessment Team where consumers’ independence had been restricted by staff overriding or not respecting their choices and management was unaware of this.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(c) Non-compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Most consumers sampled provided positive feedback to the Assessment Team about being supported to exercise choice, and independence to make decisions about their care and the way it is delivered. The Assessment Team identified some instances where consumers were not supported to exercise choice or make decisions about their own care. For example consuming alcoholic beverages, choice of roommate, and toileting preferences.

### In response to the Assessment Team’s findings the provider submitted a response outlining they had taken to ensure that all consumers are supported to exercise choice and independence. While the provider’s response demonstrates timely action in these areas, it remains that at the time of the Assessment Team’s visit they were non-compliant with this requirement.

I find this requirement is non-compliant.

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

# STANDARD 2 NON-COMPLIANTOngoing 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

Feedback provided by consumers (and representatives on their behalf) to the Assessment Team indicated that most of those sampled felt like they were partners in the ongoing assessment and planning of their care and services.

Review of documentation and observations by the Assessment Team also showed significant progress in ensuring assessment and planning of consumers’ health and well-being needs occurs. A schedule is available to guide staff in completing assessments and developing plans whenever a consumer enters the service but some gaps remain within the process. Consumer files reviewed show in some cases although clinical observations identify specific care needs an assessment is not always completed and the consumer’s care plan is not updated. Risk assessments are generally completed but the information is not always reliable.

Care plans generally show that although consultation with consumers occurs to identify their goals and preferences, these preferences are not always considered when planning their care. In some cases information recorded in assessments is inaccurate.

While the service has a system of regular reassessment and incident recording these processes are not used to determine the effectiveness of planned care. When incidents occur, they are not always recorded and reviewed to consider their impact on consumer needs, goals or preferences.

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) 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.*

### Consumers (and representatives on their behalf) said they were involved in their assessment and care planning when they first entered the service. The Assessment Team observed that a schedule is available to guide staff in completing assessments and developing plans whenever a consumer enters the service though there remain gaps within the process. Some consumer files reviewed showed that while clinical observations identify specific care needs, an assessment is not always completed and planned care is not always implemented. Risk assessments are generally completed but the information is not always reliable.

While the provider’s response to the Assessment Team’s findings shows that the provider is working towards addressing the identified gaps, they were non-compliant with this requirement at the time of the visit.

I find this requirement is non-compliant.

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

### The Assessment Team found that sampled care plans generally show consultation with consumers occurs and that consumer goals and preferences are identified. In some cases though information recorded in assessments is inaccurate or confusing and for other consumers assessment and planning is not always completed resulting in gaps in care plans where goals, preferences and interventions are recorded. The service has developed a process for offering consumers and their representatives the opportunity to provide information regarding their advanced care and end of life wishes, but this has not yet been completed. In response to the Assessment Team’s findings the provider submitted an action plan showing a number of matters have now been addressed and further training for staff that will be delivered.

I find this requirement is non-compliant.

### 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) 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.*

While the Assessment Team found that service has a system of regular reassessment and incident recording, these processes are not used effectively to determine the appropriateness of the care provided or the need for reassessment. When circumstances change and when incidents occur, investigation and consideration of their impact on the needs, goals or preferences of the consumer does not always occur.

Consumer files reviewed by the Assessment Team show when incidents occur in relation to skin tears an incident form is completed but often not investigated appropriately nor is there a reassessment of consumer mobility and risk is not attended. Similarly when behavioural incidents occur they are not always reported as an incident and not investigated appropriately, and a reassessment of consumer related needs not completed or their plans of care updated.

Feedback by the provider during the visit and in response to the Assessment Team’s findings indicates that they are working towards improvements in this area including through training new staff.

I find this requirement is non-compliant.

# 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

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them. This includes access to doctors or other health professionals when they need it. When discussing the care they receive consumers gave examples which indicated to the Assessment Team that safe and effective personal and clinical care is not always delivered in accordance with consumers’ needs, goals and preferences.

Review of consumer files and observations made shows that consumers do not always receive effective personal and clinical care tailored to their needs and that optimises their health and well-being. For example in relation to behaviour and pain management, nutrition, hydration and bowel management, weight management, wound identification, and diabetes management.

The service has some systems in place to manage high impact high prevalence risk to consumers, but the systems are not effective in identifying key concerns that are leading to deficiencies in care.

The Quality Standard is assessed as non-compliant as three 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.*

Consumers generally said they are satisfied with their clinical care and that care staff are attentive and do things the way they prefer. Despite this the Assessment Team found that consumers are not receiving personal and clinical care that is best practice, tailored to their needs or that optimises their health and wellbeing. The Assessment Team identified gaps in many areas of personal and clinical care, including behaviour management psychotropic medication; nutrition and hydration; bowel management; wound and skin care; and the management of diabetes.

In response to the Assessment Team’s findings the provider outlined a plan of actions to address the gaps in personal and clinical care. While it appears work is well underway the provider remains non-complaint with this requirement as at the time of the visit.

I find this requirement is non-compliant.

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team found that although the service has a system to identify and manage high impact or high prevalence risks associated with consumer care, the system is not always effective. In particular the Assessment Team noted issues with falls management, medication administration and weight loss leave consumers at risk. The provider’s response to Assessment Team’s findings outlines a range of actions that have been identified to be undertaken to ensure the effective management of high impact or high prevalence risks associated with consumer care.

I find this requirement is non-compliant.

### 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 while some staff training relevant to infection control has been provided and staff demonstrated some general knowledge, this was lacking in relation to donning and doffing personal protective equipment and antimicrobial stewardship. Some gaps in relation to staff practices for infection control were observed and noted upon review of a consumer’s care and service records.

Consumers interviewed (and representatives on their behalf) demonstrated awareness of COVID-19 and provided information about staff supporting them to follow infection control protocols, if needed. For example, hand washing, applying hand sanitiser and observing 1.5 metre social distancing. Consumer representatives also said they are screened on entry to the service and go directly to the consumer’s room and spend time with them there or are supported to have window visits. Staff interviewed demonstrated knowledge of hand washing procedures, the use of hand sanitiser and 1.5 metre social distancing, though social distancing was observed to not be occurring at all times.

In response to concerns raised by the Assessment Team about the service’s COVID-19 outbreak management plan, the provider clarified that an outbreak management plan is in place and has been reviewed by the NSW public health unit. Additional training has now also been provided to staff in donning and doffing personal protective equipment. The provider also confirmed that at the time of the visit, there were two registered nurses championing infection control and that while antimicrobial stewardship is in the early stages, it is being discussed with consumers’ doctors and is considered during staff and quality meetings.

I find this requirement is non-compliant.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken when they do so. The service has a feedback and complaints register and a complaints management system. Feedback and complaints are reviewed and used to improve the quality of care and services.

The Quality Standard was not fully assessed as only one of four specific requirements was considered.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Most consumers interviewed (and representatives on their behalf) considered that staff know what they are doing. Management and staff demonstrated knowledge about some relevant topics, but education has not been provided to staff on some key topics to give them the knowledge they need to perform their roles effectively and there has been a lack of staff competency assessment.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Sampled consumers (and representatives on their behalf) generally provided information about feeling confident that staff have the knowledge to perform their roles. The Assessment Team found that while some education covering elder abuse has been conducted not all staff have completed this and education about restraint and antimicrobial stewardship has not taken place. Staff interviewed knew their responsibilities in relation to elder abuse and compulsory reporting but knowledge gaps were identified with some relevant staff in their understanding of open disclosure, responsive behaviours, or minimising the use of restraint.

In response to the Assessment Team’s findings the provider submitted a plan outlining how it will ensure staff education and competency assessments are completed as required in the future.

I find this requirement is non-compliant.

# 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

Overall sampled consumers (or a representative on their behalf) considered that the organisation is well run. Feedback and other information gathered shows consumers are being engaged in the development, delivery and evaluation of care and services.

While the organisation’s governing body has documented a commitment to a culture of safe, inclusive and quality care and services, it was not demonstrated that this has been promoted by the Board to staff or that the Board is accountable this. Effective organisation wide governance systems were not demonstrated in relation to information management, continuous improvement, workforce governance or regulatory compliance. Effective risk management systems and practices have also not been demonstrated although improvements have been made in relation to identifying and responding to elder abuse.

While a new clinical governance framework has been developed and is being implemented, this is in the early stages with further progress to be made in relation to antimicrobial stewardship and minimising the use of restraint.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Non-compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

While the Assessment Team found that the organisation’s governing body has documented a commitment to a culture of safe, inclusive and quality care and services, it was not demonstrated that this has been promoted by the Board to staff or that the Board is accountable for this. A strategic plan for 2020-2021 has been developed and endorsed by the Board. This includes that the organisation will strengthen quality of care and align with care standards and best practice. This is a new strategic plan and limited engagement has occurred with staff to help them understand the Board’s vision and how this is to be achieved.

The Board has engaged an operations manager who has supported the organisation implement new systems where there previously were none, or where they were ineffective. The Assessment Team considered that these improvements were driven by the operations manager, rather than the Board, and sought information from the Board about how they would ensure that management of the service was accountable for safe, inclusive and quality care and services. Limited information was provided to explain how this would occur aside from relying on regular reports from service management and walk throughs of the service to meet with staff.

In response to the Assessment Team’s findings the provider submitted evidence that an annual compliance schedule was introduced in August 2020, along with further improvements to ensure Board oversight and accountability.

I find this requirement is non-compliant.

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

Effective organisation wide governance systems were not demonstrated in relation to information management, continuous improvement, workforce governance or regulatory compliance. The Assessment Team considered that effective systems were in place for financial governance and feedback and complaints. In response to the Assessment Team’s findings the provider clarified that a documented governance framework was established prior to the visit, though acknowledged further work is underway in developing and rolling out new policies and staff education to support effective organisation wide governance systems.

I find this requirement is non-compliant.

### Requirement 8(3)(d) Non-compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

Effective risk management systems and practices were demonstrated to the Assessment Team. While improvements have been made in relation to identifying and responding to elder abuse, these are recent and there is historical under-reporting. Although improvements are being made and are planned, there are gaps in relation to managing high impact and high prevalence risks associated with the care of consumers and in supporting them to live the best life they can as their health is not being optimised.

In response to the Assessment Team’s observations the provider acknowledged that its policy in relation to managing high impact or high prevalence risks had not been rolled out at the time of the visit, but this has now occurred.

I find this requirement is non-compliant.

### 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.*

While a new clinical governance framework has been developed and is being implemented, the Assessment Team found this was in the early stages and significant progress has not yet been made in relation to antimicrobial stewardship or minimising the use of restraint. Prior to this a clinical governance framework, and effective clinical oversight, was not in place at the service.

In response to the Assessment Team’s findings the provider clarified that they have an antimicrobial stewardship policy had been developed at the time of the visit, and it has since been rolled out. Staff are familiarising themselves with this and education is being provided. With regard to open disclosure the provider’s response indicated that their policy specifies an apology is to be offered when things go wrong.

I find this requirement is non-compliant.

# 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.

**Standard 1 Requirement (3)(c)**

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

The provider must demonstrate that consumers are enabled to make informed choices and maintained their independence, including in maintaining relationships.

**Standard 2 Requirement (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.*

**Standard 2 Requirement (3)(b)**

*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.*

**Standard 2 Requirement (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.*

In relation to Standard 2 the provider must:

* ensure that assessment and planning reflects the risks to health and well-being of each consumer
* demonstrate that assessment and planning is used to addresses the current needs of each consumer, and
* review care and services when a consumer’s needs, goals or preference change and ensure that they proactively seek information from consumers to inform this.

**Standard 3 Requirement (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.*

**Standard 3 Requirement (3)(b)**

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

**Standard 3 Requirement (3)(g)**

*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.*

In relation to Standard 3 the provider must:

* demonstrate that it is prioritising the delivery of safe and effective personal and clinical care tailored to the needs of each consumer
* ensure that high impact or high prevalence risks are reviewed and that incidents inform continuous improvements to the management of risks, and
* minimise all infection related risks.

**Standard 7 Requirement (3)(c)**

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The provider must demonstrate that staff are aware of each consumers preferences and needs, and that staff are competent to provide care in line with each consumers choice and goals.

**Standard 8 Requirement (3)(b)**

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

**Standard 8 Requirement (3)(c)**

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

**Standard 8 Requirement (3)(d)**

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

**Standard 8 Requirement (3)(e)**

*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.*

In relation to Standard 8 the provider must:

* demonstrate that it is accountable for the provision of quality care and services and is actively involved in the operation of the service
* demonstrate that it has implemented effective organisation wide governance systems to support information management, continuous improvement, regulatory compliance, and effective systems for feedback and complaints
* ensure that risks are identified and used to inform the management of high impact or high prevalence risks and risk of abuse, and
* Demonstrate that is has implemented an effective clinical governance structure and is meaningfully practicing open disclosure.