Serene Residential Care Services

Performance Report

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**Commission ID:** 6820

**Provider name:** Blu Dawn Pty Ltd

**Assessment Contact - Site date:** 2 November 2021

**Date of Performance Report:** 16 December 2021

# Performance report prepared by

Kerry Rochow, 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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 - 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 Approved Provider’s response to the Assessment Contact - Site report received 19 November 2021
* the Performance Assessment Report dated 25 August 2021 for the Assessment Contact conducted 10 June 2021.

# STANDARD 3 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 Assessment Team assessed Requirements (3)(a) and (3)(b) in this Standard, all other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at this Assessment Contact conducted on 2 November 2021.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a) and (3)(b) in this Standard. These Requirements were found to be Non-compliant following an Assessment Contact conducted on 10 June 2021.

The Assessment Team found at this Assessment Contact on 2 November 2021 that the service had implemented actions and improvements to rectify the specific deficiencies identified at the 10 June 2021 Assessment Contact, which have been effective. However, the Assessment Team found that the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to restrictive practices. Therefore, the Assessment Team in relation to this Standard have recommended Requirement (3)(a) met and Requirement (3)(b) not met.

I have considered the evidence and findings in the Assessment Team’s report and the Approved Provider’s response to come to a view of compliance with Requirements (3)(a) and (3)(b) in this Standard and find both Requirements to be Compliant. I have provided reasons for my findings in the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 service was found to be Non-compliant with Requirement (3)(a) following an Assessment Contact conducted on 10 June 2021. It was found that the service was unable to demonstrate that each consumer received safe and effective clinical care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to diabetes management, weight management, wound assessment and monitoring, and falls prevention management. The Assessment Team found the service had implemented actions and improvements to rectify these deficiencies, including (but not limited to):

* Clinical staff have been provided with diabetes management education, inclusive of guidelines to manage high or low blood glucose levels.
* All staff have attended mandatory training in relation to reporting incidents and clinical staff have completed education about post-falls observations.
* Clinical staff have been provided education in relation to weight loss and nutrition/hydration management.
* An allied health folder has been implemented to provide allied health professionals with easy access to referral information.

The Assessment Team found through interviews, observations and review of documents that the service was able to demonstrate that each consumer gets safe and effective personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team provided the following evidence and information for sampled consumers to support my finding in relation to this Requirement:

* Care files for three consumers living with diabetes demonstrated staff have provided care in accordance with each consumer’s diabetic management plan, including on occasions where blood glucose levels were outside of prescribed desirable ranges.
* Care files for two consumers who have had falls were appropriately observed and assessed following the falls.
* Care files for three consumers demonstrate consumers’ nutritional needs are assessed and relevant strategies implemented.
* A care file for one consumer demonstrated where a change in skin integrity was identified, a review of strategies to support promotion of healthy skin integrity was conducted.
* Two consumers/representatives indicated they were satisfied with the quality of care provided.
* Staff interviewed were aware of consumers’ individual diabetic monitoring requirements, processes and observations to undertake following falls, monitoring of food and fluid intake for consumers with weight loss and processes to follow when changes in skin integrity are identified.

For the reasons detailed above, I find Blu Dawn Pty Ltd, in relation to Serene Residential Care Services, to be Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(b) Compliant

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

The service was found to be Non-compliant with Requirement (3)(b) following an Assessment Contact conducted on 10 June 2021. It was found that the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Specifically, in relation to management of risks associated with pressure injuries, wounds, medications and pain. The Assessment Team found the service had implemented actions and improvements to rectify these deficiencies, including (but not limited to):

* Staff participated in refresher education in relation to pain assessment processes and wound management.
* A clinical pharmacist attends the three-monthly clinical staff meetings and provides education, inclusive of how to identify pain or behaviours and the use of non-pharmacological management strategies.
* A new pain assessment tool was implemented and staff have been provided training in how to use this tool.
* A new procedure has been implemented requiring staff to conduct a skin assessment within 24 hours of consumers’ entry to the service or return from hospital.

The Assessment Team found while the service had implemented actions and improvements to rectify the deficiencies found at the Assessment Contact conducted in June 2021, they found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumers, specifically in relation to restrictive practices. The Assessment Team provided the following evidence and findings relevant to my finding:

* A consumer’s (Consumer A) behaviour management plan was not reflective of the consumer’s current behaviours and/or triggers, and the restraint form for chemical restraint has not been reviewed when there were changes in behaviour and did not demonstrate trialling of alternatives.
  + Management advised the consumer has deteriorated and some behaviours on the care plan are no longer relevant.
  + Consumer A’s restraint form dated May 2021 indicated chemical restraint was to be reviewed bi-monthly or when there were changes in behaviours. However, this has not occurred because the reason for the chemical restraint was for agitation, pacing and aggressive behaviours which are no longer relevant due to the consumer becoming immobile.
  + The chemical restraint has not been administered for at least five months.
  + Additionally, the restraint form does not show that alternative strategies were discussed with the consumer/representative. However, management stated these may have been documented elsewhere and the form did indicate the requirement for the chemical restraint was explained.
  + Consumer A’s representative was satisfied with the management of the consumer’s responsive behaviours and discussed the deterioration in the consumer’s health.
* Management stated a consumer (Consumer B) has one bed rail which is used for safety and to assist the consumer to move in bed. They indicated the bed rail is considered a restraint and a restraint form has been completed which is to be reviewed annually. However, alternative strategies to the one bed rail have not been considered or discussed with the consumer/representative.
  + The Assessment Team found the service did not provide evidence that alternative strategies to the one bed rail had been considered and/or trialled or discussed with the consumer/representative in the preceding four years. However, management advised the restraint was reviewed at three-monthly care evaluations and there had been no changes in condition of the consumer to trigger a reassessment.
  + The consumer’s representative stated they understand the risk associated with use of the bed rail because it was explained but is happy it prevents the consumer from falling out of bed.
* A consumer (Consumer C) has a concave mattress and deep chair to manage involuntary movement associated with their chronic condition. However, the Assessment Team found the service did not consider the use of the deep chair as a restraint and therefore relevant assessment and planning in the context of restrictive practice had not been completed.
  + The restraint assessment form for the concave mattress did not consider alternative strategies prior to implementing the concave mattress or that consultation regarding alternatives had been discussed with the consumer/representative.
  + Consumer C’s representative is aware of the restraint used and said the concave mattress is used to prevent falls from bed and this had been discussed with them.
  + Management advised the consumer is non-mobile and requires to be transferred via a lifter.
* Management did not provide evidence of staff training in relation to restrictive practices or that policies and procedures had been updated to include requirements associated with legislative changes associated with restrictive practices.
  + On the day of the Assessment Contact, management provided a memorandum to clinical staff to inform them about a restrictive practice session a few days later.

The Approved Provider submitted a response to the Assessment Team’s report, which was inclusive of a plan for continuous improvement. The Approved Provider provided the following information and evidence relevant to my finding:

* In relation to Consumer A:
  + Acknowledge the consumer’s behaviour care plan was not reflective of current behaviours due one behaviour ceasing to present. However, all other behaviours were still current. While the care plan was reviewed following an acute emotional event of the consumer, clinical staff only reviewed the emotional and social support care plan. A message has since been sent to all clinical staff to review the whole care plan when there are changes to consumers’ situation or condition.
  + The chemical restraint has not been used for several months and since the Assessment Contact the medication has been ceased by the medical officer.
* In relation to Consumer B:
  + The one bed rail on the consumer’s bed was implemented at the representative’s request in 2017 for the consumer’s safety. The consumer has had no falls in the last 12 months and the bed rail does not restrict the consumer from the bed because they can move out of the bed on one side.
* In relation to Consumer C:
  + The use of the concave mattress and deep chair has been in place for several years due to the consumer’s involuntary movement associated with their chronic condition. Since the Assessment Contact, a new restrictive practice form has been completed and the concave mattress has been removed.
* The Approved Provider acknowledges restrictive practice requirements were not implemented on 1 July 2021. Actions to rectify this include:
  + Clinical staff have been provided with training in relation to the frequency of review and consultation associated with restrictive practices on 5 November 2021.
  + Policies and procedures have been updated to be congruent with requirements with restrictive practices legislation implemented on 1 July 2021.
  + Risks plans for consumers who have any restrictive practices have been updated to reflect current needs and associated risks.
  + A new restrictive practice form was developed which demonstrates consultation with medical officers, consumers/representative and a risk assessment overview.
  + All consumers’ mechanical and chemical restraints have been reviewed.
  + The restraint authorisation form did not include alternative strategies but has now been updated to include a section to document the trialled alternative strategies to the use of restraint.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service to be Compliant with this Requirement.

In coming to my finding, I have considered the evidence presented in this Requirement does not demonstrate the service has failed to effectively manage high impact or high prevalence risks associated with consumers’ care. Rather, the evidence specifically relates to deficiencies associated with the clinical governance of the service, specifically the implementation of policies and procedures to be in accordance with legislative changes implemented on 1 July 2021 in relation to restrictive practices; and initial assessment and reassessment processes associated with Standard 2 Ongoing assessment and planning with consumers. However, both clinical governance and assessment processes were not assessed at this Assessment Contact.

In relation to Consumer A’s responsive behaviours, I have considered that the behaviour management plan was not reflective of the consumer’s current behaviours. However, the evidence does not indicate that staff have not effectively managed the risks associated with the consumer’s responsive behaviours but rather have not appropriately reassessed the consumer following a significant emotional event and/or health decline to ensure the care plan is up-to-date. The consumer’s representative has also indicated they are satisfied with the management of the consumer’s responsive behaviours.

In relation to Consumer A’s chemical restraint, I have found that documentation does not support that alternatives to the use of this medication were identified, documented or discussed with the consumer’s representative. However, the consumer has not been administered this medication for several months, therefore, the evidence does not suggest that risks associated with the use of the medication have not been effectively managed.

In relation to Consumer B, the use of one bed rail does not constitute the use of restraint because the consumer was able to freely move out of the bed. Therefore, a trial of alternatives or discussion with the representative is not required. However, I have considered that there are risks associated with the use of bed rails, either singular or both, in relation to the safety of consumers. In the case of Consumer B, the representative initiated the use of one bed rail for safety reasons and the evidence indicates a risk assessment has been undertaken in relation to use of the one bed rail to ensure any risks are identified and minimised, including consultation with the representative.

In relation to Consumer C, I have found that documentation does not support that alternatives to the use of the mechanical restraint were identified, documented or discussed with the consumer’s representative. However, this does not indicate that the risks associated with Consumer’s C have not been effectively managed. I have considered that staff interviewed were able to describe strategies used to manage risks associated with the use of mechanical restraints. While strictly, the service should have documented trial of alternatives to the use of the concave mattress and deep chair, evidence does suggest there was consultation about the reason for the use of the restraint and a risk assessment in relation to the use of restraint was undertaken. I have also found that while the consumer is considered to be mechanically restrained in the concave mattress and deep chair, the consumer is immobile and would not be able to voluntarily move themselves and would require staff assistance. Since the Assessment Contact, a new restrictive practice form (inclusive of trial of alternatives) has been completed and the concave mattress has been removed.

The Approved Provider has acknowledged changes to policies and procedures in relation to restrictive practices were not implemented on 1 July 2021 and a corrective action plan was immediately implemented to rectify these deficiencies. However, the evidence in the Assessment Team’s report did not indicate that the failure to implement policies and procedures associated with restrictive practices has detrimentally impacted the management of high impact or high prevalence risks associated with the care of consumers.

In coming to my finding I have also considered evidence presented by the Assessment Team in both Requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care, which demonstrates effective management of risks associated consumers’ care, including pressure injury development, pain management, fall risks and nutritional risks. I have also considered positive feedback from consumers and representatives associated with some of these areas of care.

For the reasons detailed above, I find Blu Dawn Pty Ltd, in relation to Serene Residential Care Services, to be Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.