Southern Plus East Fremantle

Performance Report

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**Commission ID:** 7465

**Provider name:** Southern Cross Care (WA) Inc

**Assessment Contact - Site date:** 14 July 2020

**Date of Performance Report:** 24 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 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(d) | 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.

# STANDARD 3 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

The Quality Standard is assessed as Compliant as one of the seven specific Requirements has been assessed as Compliant. An overall assessment of all Requirements in this Standard was not completed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted on 13 February 2020.

In relation to Standard 3 Requirement (3)(b) the Decision Maker found the service did not effectively manage high impact or high prevalence risks associated with consumers’ behaviours.

The Assessment Team recommended Requirement (3)(b) in Standard 3 as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 and find the service is Compliant with Requirement (3)(b).

The service has implemented a range of actions to address the deficiencies identified which I have detailed below.

### Assessment of Standard 3

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

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

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since the Assessment Contact, including:

* Implementing processes to ensure all incidents are reported and investigated for actioning and escalation as appropriate.
* Reviewing the handover process with registered nursing staff responsible for monitoring care staff to report incidents using escalation practices for identified care issues.
* Providing training to all staff related to the completion of documentation with registered nursing staff providing monitoring and support to ensure timely completion of charts and forms to assist with the identification of consumers’ changing needs.

In relation to Standard 3 Requirement (3)(b), a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated:

* Consumer representatives said staff report any changes in consumers’ care requirements, and representatives are encouraged to discuss any identified issues with staff. Representatives said if a consumer is impacted by the behaviours of other consumers, they are notified by the service and the strategies implemented are discussed them.
* Nursing, care and lifestyle staff described the high impact or high prevalence risks for consumers, including those consumers who experience frequent falls, behaviours and weight loss. Staff said there are strategies in place to manage the effectiveness of the risks and to review the strategy if it was ineffective.
* Clinical staff said progress notes are reviewed daily and any issues identified are discussed with Registered Nurses to follow up and review.
* Registered nursing staff said they are currently reviewing all care plans using the service’s electronic care management system and senior staff are providing ongoing support to ensure the care plans reflect the individualised care and services provided to the consumer.
* A review of care planning documentation, including assessments, progress notes and referrals indicates risks, such as falls, weight loss and challenging behaviours are identified and recorded.
* While electronic care plans are in place for all consumers, the Assessment Team noted the care plans do not always reflect the consumer’s individualised needs. Management said they are continuing to work with staff to ensure the information is not generic but reflects the consumer’s individual needs and preferences.
* Documentation confirmed incidents of challenging behaviours, falls and skin tears are documented, actioned and monitored. Assessments are conducted by Registered Nurses and allied health staff, with recommendations identified and communicated to staff. Referrals are made to the allied health team and the organisation’s specialist dementia support consultants, and strategies to reduce identified risk to consumers are recorded and communicated to staff.
* Wounds, pain management and weight loss are followed up by Registered Nurses and specialist services, such as Speech Pathologists, Dieticians and Wound specialists, in consultation with the consumer’s Medical Officer. All wounds are reported to the Registered Nurse and wound treatment plans are developed. Treatment is provided in accordance with consumers’ clinical needs and care plans include regular monitoring.
* Incidents are recorded on an incident form and in progress notes. Each incident is recorded and investigated. The service trends, analyses and responds to high impact or high prevalence risks. Clinical incident data is discussed at Clinical and Allied Health team meetings. Family conferences occur with consumers and/or representatives as relevant. Identified trends are referred to the organisation’s monthly Clinical Management Team meetings to assist with the identification of improvement opportunities.
* The Assessment Team observed staff monitoring consumers in the memory support area and on occasions to distract them to avoid an incident with another consumer. Staff were observed to be caring and respectful towards consumers.

For the reasons detailed above, I find the approved provider, in relation to Southern Plus East Fremantle, does comply with Requirement (3)(b) of Standard 3.

# STANDARD 8 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

The Quality Standard is assessed as Compliant as one of the five specific Requirements has been assessed as Compliant. An overall assessment of all Requirements in this Standard was not completed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(d) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted on 13 February 2020.

In relation to Standard 8 Requirement (3)(d) the Decision Maker found that staff practice was not consistent in implementing risk management processes, including identifying and reporting risks, and implementing and updating strategies to effectively manage risks associated with consumers’ challenging behaviours.

The Assessment Team recommended Requirement (3)(d) in Standard 8 as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 and find the service is Compliant with Requirement (3)(d).

The service has implemented a range of actions to address the deficiencies identified which I have detailed below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) 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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since the Assessment Contact, including:

* The monitoring of staff practices and documentation to ensure the organisation’s risk management systems and processes are consistently and appropriately implemented, including the management of consumers’ behaviours.
* The service is continually monitoring risks to consumers and takes appropriate action if a risk has increased.
* The service uses investigation procedures as soon as it is aware of any allegation or evidence of harm, abuse or neglect, and monitors the reporting of incidents and complaints, to identify possible abuse.

In relation to Standard 8 Requirement (3)(d), a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated:

* Overall consumers and representatives said they are satisfied with how the organisation and the service balance risks and quality of life.
* Consumers and representatives said there is generally consultation with them on how to reduce risks and they feel their opinions are heard. If required, family conferences are organised to discuss the delivery of clinical care and the management of risks in a way which balances the consumers’ rights and preferences with their safety.
* The organisation has a risk management policy with new risk management procedures and guidelines. The organisation’s risk management framework is currently being revised. Draft risk management guidelines and tools for staff are currently awaiting approval from the Executive management team.
* Multi-disciplinary team meetings commenced in April 2020 with a focus on risk identification and mitigation. The Assessment Team noted the meeting minutes for May and June 2020 included a focus on managing high impact or high prevalence risks associated with the care of consumers.
* The service has collated and trended all incidents from January to June 2020. The Assessment Team noted that the clinical indicator reports for April and May 2020 identified high risks, such as falls, medication and skin integrity, and the actions taken by management to manage these areas.
* The Assessment Team noted that the service’s mandatory reporting register for 2020 records a description of incidents, actions taken and whether these incidents were reportable incidents or ‘discretion not to report’ incidents. Documentation confirmed consumers’ behaviour management plans were reviewed as per the legislative requirements.
* The organisation has delayed the introduction of a new clinical incident reporting system due to the COVID-19 outbreak. When introduced this system will improve the tracking, trending and analysis of incidents. In the interim, the service has introduced a single form which used, for example, to track medication incidents.
* Staff said they have been provided with education about the policies and were able to provide examples relevant to their work. This included behaviour management strategies to manage risks.
* Clinical minutes and memoranda confirmed staff have been informed about the handover process, falls prevention, risk escalation and incident reporting.
* Clinical audits monitor the service’s performance against clinical requirements. Documentation confirmed audits were undertaken for May and June 2020 and actions documented. Where required, subsequent audits were undertaken.

For the reasons detailed above, I find the approved provider, in relation to Southern Plus East Fremantle, does comply with Requirement (3)(d) of Standard 8.

# 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.