St George's Care Centre

Performance Report

2 Essex Street
BAYSWATER WA 6053
Phone number: 1300 653 166

**Commission ID:** 7257

**Provider name:** Amana Living Incorporated

**Assessment Contact - Site date:** 18 June 2020

**Date of Performance Report:** 13 July 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | 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
* the provider’s response to the Assessment Contact - Site report received 8 July 2020.

# 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

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

The Assessment Team found Requirement (3)(b) in relation to Standard 3 Personal care and clinical care not met. I agree with the Assessment Team and find the service Non-compliant with Requirement (3)(b). I have provided reasons for my decision below.

All other Requirements in Standard 3 Personal care and clinical care were not assessed for the purpose of this Assessment Contact and an overall assessment of this Standard was not completed.

### Assessment of Standard 3 Requirements

### 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 the service did not effectively manage the high impact and high prevalence risks associated with challenging behaviours of one consumer who has a diagnosis of dementia. The consumer had known risks of wandering, aggression and sexually inappropriate contact which impacted other consumers and the behaviours were ongoing and unmanaged over a six-month period since the consumer entered the service. The service did not manage two other consumers who were observed to have behaviours during the assessment contact. Evidence relevant to my decision included:

* One consumer in the dementia specific area of the service has had ongoing behaviours for a period of approximately six months since entering the service which have not been managed effectively. Behaviours include; entering other consumers’ rooms, inappropriate and unwanted sexual contact with female consumers, agitation, physically threatening and aggressive to others and trying to hit others.
	+ The service has referred the consumer to behaviour specialists and strategies recommended are documented in the behaviour management plan to guide staff. However, the referral occurred in February 2020 and the review did not occur until May 2020 following a second incident of unwanted and inappropriate sexual contact with a female consumer.
	+ Strategies include close observation, one to one support when agitated, not to be seated near female consumers and a webbing belt across other consumers’ door frames to prevent entering the room. However, progress notes, behaviour charts and incident reports show strategies implemented are not effective and behaviours continue to impact others.
	+ Staff confirmed the consumer was probably looking for his wife when he was wandering into others’ rooms and staff confirmed the consumer’s behaviour was impacting on particular female consumers. Staff and documentation confirmed the incidents and behaviour of wandering and agitation generally occur in the evening.
	+ Incident reports show the consumer had an incident of unwanted and inappropriate sexual contact with a female consumer in February 2020. The service implemented strategies including 15-minute sighting charts. The service ceased the sighting charts a month later. However, there is no evidence the service evaluated the effectiveness of the sight charts as progress notes and behaviour records show the behaviours of wandering into others’ rooms continued. No new strategies to manage this behaviour were implemented to prevent or reduce the risk of entering other consumers’ rooms or inappropriate sexual contact.
	+ Incident reports show the consumer had a second incident with the same female consumer of entering their room and engaging in unwanted and inappropriate sexual contact in May 2020.
	+ The service in response to the second inappropriate sexual contact incident removed the female consumer from the area to prevent further incidents. The service confirmed three female consumers have shifted rooms to another area of the service to reduce the risk of the consumer’s behaviours impacting them. There are other female consumers who remain in the dementia specific area of the service.
	+ The consumer was monitored appropriately following a reduction and ceasing of psychotropic medication used for behaviour management in January 2020. When the specialist reviewed the consumer in May 2020, it was noted the ceasing of medication may have contributed to the increased behaviours and further review of medications has occurred since.
	+ Not all behaviours of the consumer were reported through incident reports but were documented on behaviour records or progress notes. The resident of the day review process was not effective at reviewing and identifying the strategies used for behaviour management were not effective.
* One consumer was observed to have behaviours which impacted on the effective management of the consumer’s continence.
* One consumer was observed to become distressed and agitated when unable to access the outside garden through a locked door.

The Approved Provider’s response acknowledges one consumer has had ongoing challenging behaviours since entering the service. However, the Approved Provider’s response does not agree with the Assessment Team’s findings as the service has taken appropriate actions in response to the consumer’s behaviours. The service has taken appropriate action to manage other consumers with behaviours identified in the report. Information provided in the Approved Provider’s response included:

* The service has taken actions in relation to the consumer’s behaviours including; non-pharmacological strategies, review by medical practitioner, review by mental health and behavioural specialists, consultation with consumer family, review of staffing in the dementia specific area and moving impacted female consumers to other areas.
	+ The service has had ongoing communication and consultation with the medical practitioner in relation to the consumer’s behaviour.
	+ The service confirmed three female consumers have been moved from the dementia specific area in consultation with the consumers’ representatives as a response to the one male consumer’s behaviours, and to ensure the safety of the consumers.
	+ The service confirmed the incident of sexually inappropriate contact in February 2020, confirmed it ceased the strategy of sight charting used to monitor the consumer in March 2020. The service confirmed sight charting was recommenced to monitor the consumer following the second incident of sexually inappropriate contact.
		- The service acknowledges behaviours of entering female consumers’ rooms was not considered when the sight charting was ceased in March 2020.
	+ The service confirmed a referral to specialists was completed in February 2020 following the first incident of inappropriate sexual contact.
		- The service confirmed the specialists did not review or assess the consumer until 29 May 2020 following the second incident. The service states the specialist elected not to attend the service due to COVID-19 restrictions.
	+ The service states there are sufficient staff in the dementia specific area where the consumer resides as there are two staff in the area in the evening and additional staff floating between areas.
		- The service has implemented an additional one hour to the float staff shift in the evening since 26 June 2020 following the assessment contact.
	+ The service maintains the staff responded to the second incident in May in less than a minute according to call bell reports for the alarm triggered by the consumer entering the room.
	+ The service behaviour management policy does not require all behaviour episodes to be recorded on behaviour incident reports and staff have followed procedure by recording behaviour episodes on the behaviour record. The service maintains the resident of the day process is not designed to identify high impact and high prevalence risks including behaviours.
* One consumer was identified by the service as having behaviours relating to continence and appropriate strategies had been implemented to manage. The service has taken further actions to review the consumer following the assessment contact including specialist review which resulted in a diagnosis of dementia.
* The service has implemented a trial of unlocking doors in the dementia specific area to the gardens during the day, so they remain unlocked and accessible to consumers.

Based on the evidence in the Assessment Team’s report and the Approved Provider’s response I find the service’s processes had identified the consumer had high impact risks associated with wandering behaviours and sexually inappropriate contact with female consumers. The service identified through incidents and assessment the high-risk behaviours were impacting and had the potential to impact other consumers. The service took appropriate actions following an initial incident in February 2020 including implementing increased monitoring through sighting charts and referral to specialists. The service ceased the strategy of sighting charts without considering documented ongoing behaviours of wandering into female consumers’ rooms and the referral to specialists to review the sexually inappropriate behaviours did not occur until following a second incident in May 2020. Behaviour records and progress notes show the consumer’s behaviours were ongoing between the first incident in February 2020 and the second incident in May 2020 and strategies used were not always effective at reducing or preventing the behaviours. The service did not demonstrate they undertook appropriate actions to ensure the ongoing risk to other consumers was managed effectively to prevent or reduce incidents until after a second incident of unwanted and inappropriate sexual contact impacted the same female consumer.

Based on the summarised reasons above, I find the service non-compliant in this Requirement.

# 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

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

The Assessment Team found Requirement (3)(d) in relation to Standard 8 Organisational governance not met. I agree with the Assessment Team and find the service Non-compliant with Requirement (3)(d). I have provided reasons for my decision below.

All other Requirements in Standard 8 Organisational governance were not assessed for the purpose of this Assessment Contact and an overall assessment of this Standard was not completed.

## Assessment of Standard 8 Requirements

### 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.*

The Assessment Team found the organisation has a risk management framework supported by policies and procedures to guide staff in managing high impact and high prevalence risks associated with care of consumers and how to identify and respond to abuse and neglect of consumers. However, the organisation’s systems were not implemented by staff on one occasion in response to an allegation of abuse and were not effective in relation to the management of consumers’ high impact risks in relation to behaviours. Evidence relevant to my decision included:

* A staff member failed to identify and respond appropriately in line with the organisation’s expectations and procedures after witnessing another staff member use physical force and verbal abuse towards a consumer. The staff did not report the abuse to clinical staff or management. The staff member had received appropriate training and information on how to respond to elder abuse prior to witnessing the incident.
	+ Management became aware of the incident two weeks after the incident during a conversation with the staff member in relation to how they were going with their role. Management took appropriate actions in response to the allegation made by the staff including; reporting to police and compulsory reporting, completing an investigation, standing down the staff involved and providing additional training to staff involved.
* Staff practice at the service in relation to reviewing and managing consumers’ behaviours is not consistently in line with the service’s procedures.
	+ Over approximately six months staff did not review the effectiveness of one consumer’s care plan strategies in relation to ongoing and escalating behaviours. The organisation’s procedure is for any ineffective interventions noted on behaviour charts are to be reported to clinical staff for review. Documentation shows one consumer had behaviour records indicating strategies were ineffective, however there was no evidence of appropriate review or effective new strategies being implemented to reduce and prevent further incidents.
	+ One incident in March 2020 of the consumer going into a female consumer’s room and insisting on sleeping in their bed was not reported through incident reports or behaviour records in line with the service’s procedure.
	+ Behaviour incident data and reports reviewed monthly by management and the organisation to identify trends and risks, are not reflective of actual behaviours occurring.

The Approved Provider’s response acknowledges the incident of elder abuse witnessed by a staff member was not reported by the staff member in line with the organisation’s procedures. However, the Approved Provider’s response states the service appropriately followed up the incident as soon as management were made aware of it.

The Approved Provider’s response states the staff were following procedures in documenting and recording the consumer’s behaviours on behaviour records and incident reports when the behaviour impacted others. The service acknowledges one incident in March 2020 of entering another consumer’s room and trying to sleep in their bed was not reported in line with procedures.

Based on the evidence in the Assessment Team’s report and the Approved Provider’s response I find the organisation has risk management systems in place to guide the service and staff on the management of risks associated with consumer care and in identifying and responding to abuse and neglect of consumers. The systems include policies and procedures, clinical assessment and monitoring tools, incident and risk reporting procedures and training for staff on elder abuse and compulsory reporting. However, the systems are not effective as staff practice is not always in line with procedures resulting in negative impact on consumers. Evidence provided by the Assessment Team and confirmed through the Approved Provider’s response, shows staff practice at the service is not consistent with the organisation’s risk management procedures and expectations. The service did not demonstrate risk management systems were effectively implemented for one consumer to prevent and reduce high-prevalence and high-risk behaviours from impacting others over a six-month period including failing to prevent a second incident of sexually inappropriate contact of a female consumer. The service’s risk management procedures in relation to ensuring staff identify and respond appropriately to elder abuse was not effective as an incident of both physical and verbal abuse towards a consumer was not identified and responded to for a period of two weeks.

Based on the summarised reasons above, I find the service non-compliant in 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.

* Standard 3 Requirement (3)(b):
	+ Ensure risks associated with consumer’s behaviours are monitored effectively and reported in line with the organisation’s procedures.
	+ Ensure consumer behaviours impacting others are reviewed appropriately including the effectiveness of strategies used and new strategies or actions are implemented to reduce or prevent further behaviours.
	+ Ensure referrals to specialists in relation to consumers identified with high risks are followed up and actioned in a timely manner.
* Standard 8 Requirement (3)(d):
	+ Ensure staff practice is in line with the reporting and recording procedures of the organisation including recording of behaviours and review of behaviours where it is recorded strategies were not effective.
	+ Ensure all staff are aware and comply with the organisation procedure and expectation of identifying and responding to elder abuse including reporting incidents appropriately.