SummitCare Liverpool-173

Performance Report

173 Elizabeth Drive
LIVERPOOL NSW 2170
Phone number: 02 9602 9044

**Commission ID:** 2546

**Provider name:** Wohl Investments Pty Ltd

**Assessment Contact - Site date:** 15 December 2020 to 16 December 2020

**Date of Performance Report:** 28 January 2021

# 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 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(g) | 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 conducted 15 and 16 December 2020; 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 14 January 2021.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Some sampled consumers did not consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Some consumers interviewed expressed they do not feel their personal belongings are safe in their rooms or common areas. Further, consumers expressed concern over intrusion to their personal space by other consumers at the service which has not been addressed to their satisfaction.

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)(f) Non-compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

The Assessment Team found that the consumers privacy is not respected, and personal information is not always kept confidential. Staff were observed calling out loudly to each other down hallways regarding tasks to be completed and breaching the privacy and confidentiality of consumers. Staff were also heard to be discussing consumers’ personal information within earshot of other consumers and visitors.

One manager was overheard to inform two care staff “These ladies have been sitting here for several hours and need to be toileted” while standing next to the consumers in question, who were seated in the common area adjacent to the nurses’ station.

One consumer was observed by the Team to be looking into a room while walking down the corridor. The Assessment Team observed the door was open and personal care was being provided to another consumer who was not fully dressed from the waist down and visible to all passers-by. On sighting the Assessment Team in the corridor, staff then pulled the privacy curtain around the consumer’s bed.

Consumers expressed their own concern regarding the safety of their personal belongings and the inaction of staff to retrieve items that had been taken from them.

Management advised on the second day of the Team’s visit that the service had immediately commenced in-service sessions on dignity and privacy and this is to be conducted across all shifts.

In their response the Approved Provider acknowledged that this is not acceptable behaviour at SummitCare and has been addressed and monitored by management accordingly. The Approved Provider submitted email documentation sent to staff to remind them of their obligations to respect consumers privacy, dignity and confidentiality and information to support additional training that had been provided to staff across the service and to advise that the two staff who were identified to be breaching resident’s privacy (before and during the visit) have been performance managed and a formal warning was given to these staff.

While I am satisfied that the Approved Provider has taken steps to address the issues raised by the Assessment Team and has provided documentation to ensure that consumer’s privacy is respected, and personal information is kept confidential. I am not persuaded that they have provided information which adequately supports or demonstrates the compliance with this requirement at the time of the site assessment. I am of the view that the Approved Provider does not comply with this requirement.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team examined relevant documents and 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 found that most sampled consumers and representatives considered that they receive personal care and clinical care that is safe and right for them.

Two representatives advised they are aware of the medications their consumers are prescribed, why these medications had been prescribed and they had given consent for the medications to be used particularly with regards to psychotropic medications.

One representative advised she and her friend who is the consumer’s spouse didn’t always understand everything including why medications caused their consumer to feel ill all the time due to language barriers.

Management of wounds at the service was found to not always adhere to organisation procedure. Wound photography does not always capture an image of the wound bed, documentation does not always reflect the true condition of the wound or dressing applied with conflicting information found. Referral to specialist services when wound deterioration occurs was not attended as per organisation procedure and best practice.

Behaviour management strategies were found to not consistently be employed as suggested in consumer care plans to assist consumers living with dementia. Observed actions taken by staff at the point of care were not always effective in preventing triggers and/or escalation of behaviours.

Documentation of emotional support provided to consumers following incidents was not clearly categorised for identification nor described in detail. This includes the provision of emotional support to the victim of an alleged assault.

The Quality Standard is assessed as Non-compliant as two 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 found on review of documentation, care plans and other relevant clinical documentation, the service does not always demonstrate consumer’s care is consistently tailored to their specific needs to optimise their health and well-being.

One consumer who had recently returned to the service from a hospital stay had not had his care plan updated to reflect changes to his care needs, including changes in behaviour management, skin assessment and personal care needs.

The representative for this consumer raised concerns at the time of the assessment about weight fluctuations and a lack of communication including leaving of messages when important incidents occur. This includes when her father was transferred to hospital and she was notified two days later by medical staff at the hospital.

The Assessment Team identified that the organisation’s wound management procedure dictates wound photography should be attended every seven days and this was not always adhered to. The wound management procedure also dictates a file entry should be made daily commenting on the surrounding skin and whether the dressing is intact, and this was not consistently adhered to. Two consumers with pressure injuries have not been consistently attended to for their daily wound/dressing checks according to organisation procedure. There was a total of 12 omissions in documentation between 8 November 2020 and 16 December 2020. ‘Weekly wound reviews’ are recorded approximately every two weeks for one consumer, the organisation’s policy requires these to be done weekly.

Pain assessments were observed to be consistently documented with each wound care encounter. However, behaviour charts reviewed were not observed to consistently consider pain as a trigger for displayed behaviours.

The Assessment Team viewed the service’s register of consumers receiving psychotropic medications. This statistical data reflects a decrease in prescription of PRN (as needed psychotropic medication). During the entry meeting, management advised there are 10 consumers subject to chemical restraint at the service. It was observed most chemical restraint authorisations do not always have alternative non-pharmacological strategies documented for avoiding the use of psychotropic medications. There are also not consistently documented strategies for monitoring consumers after administration of these medications.

The Assessment Team observed the consumers to be vocalising loudly, staff were contributing to the high noise levels by calling out to each other down the hallway, and the Assessment Team noted staff were evidently task focused rather than consumer focused.

Review of the mandatory reporting register showed there were a high number of incidents during the period 1 January to 14 December 2020. Some of these incidents were reported as per the mandatory reporting requirements with discretion not to report being exercised for the majority.

On review of consumer files, documentation did not describe the action taken by staff at the point of care, including the strategies they have used to engage each consumer in individualised activities and areas of interest to them, to manage the consumer’s behaviour.

Documentation of emotional support provided to consumers following incidents was not clearly categorised for identification nor described in detail. For example, monitoring of consumer comfort and emotional wellbeing was noted under progress notes categorised as ‘Personal hygiene, medication’ or ‘Nutrition, general unwell’ or ‘Non-clinical concern’ etc. Detail regarding the level of emotional support provided is limited, for example ‘reassured’ or ‘settled’ or ‘made comfortable’.

When asked about emotional support for consumers following an incident, staff said they listen, sympathise and reassure the consumer they are available to support them. One staff member said staff have the employee assistance program to support them but questioned how consumers receive emotional support. The Assessment Team discussed with management staff may not feel equipped or comfortable in counselling consumers following potentially traumatic incidents. Management advised they would consider training for staff in this regard.

One consumer who is living with severe dementia has been involved in several of these incidents. Following these incidents, the consumer was reviewed by Dementia Services Australia who recommended a number of strategies. The Assessment team observed staff were not following these recommendations. For example, staff were not observed to be interacting with this consumer or attempting to engage him in activities of interest, the environment was noisy and crowded, with staff contributing to the noise levels.

Another consumer was observed to be yelling loudly for a considerable time and could be heard yelling from other consumers' rooms down the hall. The care staff member present did not attempt meaningful interaction to settle the behaviours or discover the cause. The lifestyle team arrived approximately 30 minutes later and began interacting with a tactile ball, but the consumer continued to yell until after he was administered his prescribed regular dose of antipsychotic medication at 2:00pm.

In their response the Approved Provider provided documentation and information to support the service’s deficiencies identified in the report. The Approved Provider acknowledged there are some gaps in the wound management documentation and will continue to work with the teams to ensure they understand the importance of documentation. The Approved Provider has implemented training and educational sessions are planned and conducted with staff.

The Approved Provider has also implemented some interventions for the consumers with challenging behaviours. It is noted that some of the consumers that were the offenders in the mandatory reportable incidents have moved on to other services or been discharged and the staff that were the offenders have been stood down or performance managed with education, however it is unclear on the proactive strategies to ensure that these incidents do not reoccur, particularly with care residents as the offenders. The detail regarding the level of emotional support provided by the service to the victim is also limited, management have advised they would consider training for staff to increase the competence of staff to provide emotional support to victims.

While I am satisfied that the Approved Provider has taken some steps to address the issues raised by the Assessment Team and has provided documentation to ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care. I am not persuaded that they have provided information which adequately supports or demonstrates the compliance with this requirement at the time of the site assessment. I am of the view that the Approved Provider does not comply with this requirement.

### 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 noted that management of a gastroenteritis outbreak was prolonged across five and a half weeks due in part to worsening of the virus’s presentation but also due to complacency among staff. Management acknowledge in their stated learnings their staff did not understand the importance of cohorting and remaining in their assigned areas. While education has been conducted since this outbreak it remains to be tested.

The Assessment Team observed that mask etiquette across the service was observed to be poor with staff, including management, and visitors not observing current acceptable practices. Kitchen staff were observed wiping their nose, pulling up their mask from under their chin and not washing their hands before resuming food preparation. Laundry staff were observed touching their masks and folding clean laundry without cleaning their hands. Ready access to cleaning supplies for staff to clean shared equipment is not available.

When interviewed staff advised the Team they minimise the need for use of antibiotics by ensuring consumers are well hydrated to prevent urinary tract infections. Care staff advised it is important to tend to personal hygiene of consumers regularly and when consumers are incontinent it is important to make sure the consumer has been cleaned well after to prevent infection and skin break down.

On arrival to the service the Assessment Team were informed the organisation has chosen to continue to require their staff and all visitors to wear surgical masks while on site. Current NSW Health recommendations regarding mask requirements for aged care providers require them to be prepared with available stock for staff should the need arise or local outbreaks of COVID-19 occur. Management advised masks are only available from reception, staff are allocated two masks per day and are given these on entry.

The Assessment Team discussed with management the times outside of meal breaks staff would need to change masks, for example after a bathroom break, should they become wet while assisting a consumer in the shower or if they are sweaty just from moving about the service in the course of doing their job.

Throughout the Teams visit, poor mask etiquette by staff and visitors across the service was observed. Breaches of mask etiquette include staff wearing their masks under their noses, repeated touching of the front of the mask and pulling at the mask, staff with masks under their chins and masks not appropriately fitted across the nasal bridge. Six visitors were observed with their masks under their chins, under their noses, not appropriately fitted across their nasal bridge or to not be wearing their mask while in the consumer’s room.

Visitors and staff who were observed touching their masks did not sanitise their hands after touching and contaminating their masks.

In their response the Approved Provider advised that they had sent communication to all staff on 17 December 2020 on how to apply masks (PPEs) correctly and donning and doffing competencies will be recommenced again for all staff to completed by 31 January 2021.

While I am satisfied that the Approved Provider has some taken steps to address the issues raised by the Assessment Team and has recommenced training in infection control, in consideration of the gastroenteritis outbreak at the service and the information available for Covid-19, I feel that the service should have a greater understanding of infection control and PPE. I am not persuaded that they have provided information which adequately supports or demonstrates the compliance with this requirement at the time of the site assessment. I am of the view that the Approved Provider does not comply with 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.

## Assessment of Standard 1 Requirements*.*

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

*Each consumer’s privacy is respected and personal information is kept confidential.*

Required Improvements

The Provider ensures that staff continue to be reminded of their obligations to respect consumers privacy, dignity and confidentiality. That management monitor staff to ensure that doors are closed when attending to consumers and personal care requirements are kept confidential.

### 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.*

Required Improvements

The Provider continues to provide training to staff to ensure they understand the importance of daily wound care, correct photography for wounds and review documentation for wounds.

The Provider ensures that staff are proactively aware for the triggers for behaviour concerns and aggression in consumers. That staff understand the need for meaningful interaction to settle the behaviours or discover the cause of agitated consumers, including responding to consumers in a suitable tone and volume rather than talking to them from across the room.

That proactive strategies are implemented to reduce the risk of incidents reoccurring from other care residents with challenging behaviours. That staff are provided training in providing emotional support to the consumer victim if this type of incident reoccurs. Also, that staff have continual training in elder abuse and are effectively performance managed if any incident is identified.

### 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.*

Required Improvements

The Provider ensures that communication is provided to all representatives and visitors of correct application of masks and monitoring and assistance is provided by staff if required.

That all staff are provided training in correct application and use of wearing masks and other PPE. That management have provisions available for staff for more than two masks a day so that these can be changed without walking through the service without a mask to obtain another mask.

That management monitor staff for the correct wearing of mask and mask hygiene, and that staff regularly wash and sanitise their hands for example but not limited to; when preparing food, collecting meal service items, preparing laundry, touching surfaces, such as door handles or tables, and that spray or sanitising wipes are on all supply trolleys when cleaning and sanitising is required for all shared equipment such as commodes and lifters.