Taralga Retirement Village Hostel

Performance Report

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**Commission ID:** 5110

**Provider name:** Taralga Retirement Village Incorporated

**Assessment Contact - Site date:** 10 June 2020

**Date of Performance Report:** 10 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

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| --- | --- |
| **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) | Non-compliant |
| Requirement 2(3)(d) | Non-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)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | 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 9 July 2020
* referral information received by the Commission.

# STANDARD 2 NON-COMPLIANT Ongoing 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

The Assessment Team identified not all sampled consumers/representatives feel like partners in the ongoing assessment and planning of their care and services. Sampled consumers/representatives stated they are not involved in assessment and care planning, informed of the outcomes or are aware of how they can access a copy of their care and services plan.

While the service has processes to direct assessment and care planning, the Assessment Team identified through review of care documentation these are not clearly defined or reviewed for consistency to ensure they inform safe and effective care delivery and optimise the health and well-being of the consumer in accordance with their goals and preferences.

Staff interviewed by the Assessment Team did not demonstrated an understanding of the service’s assessment and care planning process or how to access this information. While staff demonstrated awareness of general consumer preferences, and consumers are generally satisfied that their preferences and goals for their daily care are achieved, the service does not have an effective system to ensure monitoring and delivery of assessment and planning that captures consumer goals, preferences and end of life care planning.

The Approved provider in their response did not refute the findings of the Assessment Team. The Approved provider has committed to actions to address the deficiencies in Standard 2, however these actions were not in place at the time of the Assessment contact. The actions will require sufficient time to be implemented and evaluated for effectiveness, therefore it is my decision that the Approved provider is non-compliant with the five requirements in Standard 2 Ongoing assessment and planning with consumers.

The Quality Standard is assessed as Non-compliant as five 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.*

The Assessment Team identified care planning documentation for sampled consumers identified interventions to manage the consumers’ identified care needs, however associated risks are not consistently documented or identified to inform the delivery of safe and effective care. The Approved provider’s monitoring of the service’s assessment and care planning processes have not identified deficiencies in relation to care planning and assessments.

Consumers who have ongoing challenging behaviours have not been assessed to ascertain the possible causes of their behaviours, and risk assessments have not been completed to direct care planning interventions. Assessments of risk relating to consumers’ skin integrity, including consumers with current pressure injuries have not been completed or updated to reflect the current risk to their skin integrity. While staff at the service indicated reassessments of consumer needs are completed as part of a monthly review, this was not evident in documentation provided to the Assessment Team.

The Approved provider in their response has indicated referrals have been made to behaviour management specialists for consumers with challenging behaviours and progress notes have been updated to reflect current care planning directives. Skin and continence assessments have also been completed for consumers identified by the Assessment Team. The Approved provider has stated that care plans are currently being reviewed and updated and will be accessible to care staff to direct their practice. The Approved provider has also stated that staff are being provided have access to electronic educations sources and this will be monitored to ensure completion.

While I recognise the actions taken by the Approved provider in relation to deficiencies identified at the Assessment contact, these deficiencies were unknown to the Approved provider and actions included in its response do not contain processes to ensure future assessment and planning processes will consider the risks to consumers’ health and well-being, I therefore have found this Requirement to be 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 identified sampled consumers care planning documents did not consistently detail the individual's current needs, goal and preferences. This included directives relating to consumer mobility needs. For consumers sampled by the Assessment Team, care planning documents do not consistently include advance care planning and end of life planning.

The Approved provider in its response stated Advanced care plans for most consumers were located in paper-based files, these have now been uploaded into the electronic clinical system. The Approved provider indicated ongoing communication is occurring with consumers’ families to gather end of life care planning needs, goals and preferences. The Approved provider has stated it is considering a monthly care plan review process to ensure assessments are current.

While I recognise the actions taken by the Approved provider in relation to deficiencies identified at the Assessment contact, these deficiencies were unknown to the Approved provider at the time of the Assessment contact. Actions included in the Approved provider response do contain processes to ensure future assessment and planning processes will consider the currency of consumers’ needs goals and preferences including advanced care planning through monthly care plan review processes, it is my decision that these processes were not in place at the time of the Assessment contact and will require additional time to implement and evaluate these processes for effectiveness, and therefore the Requirement is non-compliant.

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

The Assessment Team identified the Approved provider could not provide evidence that consumers/representatives and people important to the consumer are involved in assessment and care planning on an ongoing basis. For consumers sampled by the Assessment Team, care planning documentation does not consistently reflect that others are involved in assessment and planning, including the others the consumer wishes to be involved in their care. Some consumers/representatives sampled stated how they or the people who are important to them had not been involved in care planning and review of their care and services.

Staff described to the Assessment team how consumers/representatives and other individuals and providers are involved in assessment and care planning. However, this information is inconsistent with feedback received from sampled consumers and through review of documentation.

The Approved provider in its response does not agree with the Assessment Team’s findings and states that staff and families are heavily involved with all consumers. The Approved provider has stated the sample of consumers and representatives may not have been able to recall meetings that have been held. While I acknowledge consumers and their families or representatives may have an involvement in the care of the consumers, this was not evidenced through documentation reviewed by the Assessment Team or feedback given to the Assessment Team. It is my decision therefore that this Requirement is non-compliant.

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

The Assessment Team identified the Approved provider could not provide evidence that consumers/representatives are engaged in communication regarding the outcomes of assessment and planning and care plans are not readily available to the consumer/representative.

Consumers/representatives sampled by the Assessment Team were not aware they could request a copy of their care plans. Electronic care documentation for consumers and care and service plans do not contain evidence to support this information has been communicated to consumers/representatives.

The Approved provider in its response to the Assessment Team’s findings records the handbook given to all consumers and their representatives on entry to the service outlines that a request for a copy of a care plan can be requested at any stage. The Approved provider has stated it will be reinforcing the availability and accessibility of care plans to consumers in newsletters.

I acknowledge there is a process to inform consumers and their representatives of the availability of care plans via the handbook, however this process does not support existing or long-term consumers are aware of the availability of care plans. It will take time to ensure all consumers and their representatives are aware of the availability of care plans, consumers interviewed at the Assessment contact were not aware they could access their care plans; therefore, it is my decision this Requirement is non-compliant.

### 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.*

The Approved provider did not provide evidence that consumers care, and services plan are up to date and meet the consumer’s current needs, goals and preferences. The documentation of care planning directives when consumers’ condition changes is not effective. Monitoring mechanisms utilised by the Approved provider have failed to identify this deficiency relating to this Requirement.

Care plans for consumers sampled by the Assessment Team did not show evidence of reviews on a regular basis and when circumstances change and/or incidents occur. The Assessment Team identified documentation in the progress notes for some consumers provided information for staff regarding recent changes for the consumer, however this information has not been transferred to consumers’ care plans, this included information relating to behaviour management strategies and nutrition and hydration needs.

The Approved provider in its response to the Assessment Team’s findings has committed to a full review of all care plans and the notification to representatives when changes have been made to care planning directives. The Approved provider has noted the electronic care system will be updated in July 2020. Care plans reviewed by the Assessment Team did not reflect the current needs of consumers and therefore it is my decision this Requirement is non-compliant.

# STANDARD 3 NON-COMPLIANT 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 identified care plans reviewed did not demonstrate the delivery of safe and effective care and the involvement of other health professionals, and care planning documents and/or progress notes did not consistently reflect the identification of, and response to, deterioration or changes in the consumer’s condition and/or health status.

Registered staff do not have a clear understanding of consumers’ current needs including chemical and physical restraint usage, wound care and pain assessments. The Approved provider does not have effective processes to manage the high impact and high prevalence risk associated with the care of each consumer.

The Approved provider does not demonstrate that deterioration or changes in consumers’ physical, mental or cognitive heath or condition is recognised or responded to in a timely manner.

The Approved provider does not evidence that information regarding the consumer’s condition, needs and preferences is documented and communicated with others where responsibility for care is shared. This includes consumers with changes to their swallowing and changes in behaviour management strategies.

The Approved provider does not ensure it is providing timely and appropriate referrals to meet the needs of consumers. Consumers who have sustained falls with injuries and consumers with ongoing challenging behaviours have not been referred appropriately in a timely manner.

Infection control processes minimise infection-related risks through transmission-based precautions and appropriate antibiotic prescribing.

The Approved provider has committed to actions to address the deficiencies in Standard 3, however these actions were not in place at the time of the Assessment contact. The actions will require sufficient time to be implemented and evaluated for effectiveness, therefore it is my decision that the Approved provider is non-compliant with the five of the seven requirements in Standard 3 Personal care and clinical care.

The Quality Standard is assessed as Non-compliant as five 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 identified the Approved provider is not able to demonstrate that consumers receive safe and effective personal and clinical care that is best practice, tailored to their needs and optimises each consumer’s health and well-being. Care plans do not contain directives to support the safe provision of textured meals. Monitoring charts have not been consistently completed to support the safety of consumers, or the need for re-assessment. Registered staff do not have a clear understanding of consumers’ current needs including chemical and physical restraint usage, wound care and pain assessments.

The Approved provider in its response disputes the information recorded by the Assessment Team in relation to bed rail usage. The Approved provider has noted the bed rails in use are only partial bed rails, this does not preclude the requirement to assess the need for partial bed rails as they can restrict the movement of the consumer.

The Assessment Team identified four consumers prescribed regular and as required antipsychotic medications, in the absence of a diagnosed mental health disorder, physical illness or condition. The Approved provider was not aware the use of psychotropic medication for these four consumers was a form of chemical restraint and confirmed consent for the authorisation of their use had not been obtained. The Approved provider in its response has obtained consent and authorisation for the use of chemical restraint for two consumers and through consultation with the treating medical officers have ceased the psychotropic medication usage for the two remaining consumers.

The Assessment Team identified a consumer with a pressure injury did not have documentation to support ongoing assessment or monitoring of the wound had occurred. The Approved provider in its response has completed a skin assessment for the consumer and implemented procedures for wounds to be reviewed by a medical officer at least monthly. A form is to be developed to alert registered staff to consumers most at risk of impaired skin integrity, as part of the Approved provider response, a completion date has not been provided.

For a consumer who suffers chronic pain, the Assessment Team identified care planning documentation records that a pain assessment is ‘not required’, there is no documented record of the use of alternate strategies to treat their pain or monitoring of the consumer’s pain levels. There is also no evidence of a pain assessment following the consumer experiencing a fall. The Approved provider in its response to the Assessment Team’s findings states all care plans have been reviewed and updated, education and training relating to pain assessments will be provided to staff and registered staff will be directed to complete pain assessments. Processes relating to training, education and the direction to complete pain assessment have not occurred at the time of the Approved provider’s response.

As the Approved provider does not have a clear understanding of the use of restraints and monitoring of consumers with chronic wounds and pain has not occurred, it is my decision consumers are not receiving clinical care that is best practice and therefore 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 Approved provider does not evidence or demonstrate that high impact or high prevalence risks for consumers are effectively managed to ensure safe care, including consumers with challenging behaviours, complex wound care and a consumer who exits the service regularly unescorted. Registered staff do not have an understanding of the current risks for consumers.

The Approved provider does not have effective processes to manage the high impact and high prevalence risk associated with the care of each consumer. Care planning documents do not consistently indicate the risk of falls, risk of developing pressure related injuries, risks related to challenging behaviours and personal safety of consumers. Care documentation does not include information to guide staff practice supporting the consumers with challenging behaviours.

The Approved provider in its response to the Assessment Team’s findings has indicated all care plans will be reviewed and updated to reflect behaviour management strategies. Medical officers will be directed to document in the electronic care system. Risk assessment documentation has been completed for a consumer who regularly leaves the service. Education will be provided to staff in relation to the electronic care system.

As the Approved provider could not demonstrate high impact or high prevalence risks for consumers have been effectively managed and rectification actions will take time to be implemented and evaluated for their effectiveness, it is my decision this Requirement is non-compliant.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

While the Assessment Team identified care planning documentation and the end of life care plan for a consumer contained inconsistent understanding of their needs, goals and preferences for end of life care, I have decided the consumer’s comfort was maximised and their dignity was preserved prior to their passing.

The Approved provider in its response has committed to updating end of life care planning as discussions are held with families and representatives. Education will be provided to staff in relation to end of life care plans and staff have received education relating to recording all communications held with family members.

It is therefore my decision; this Requirement is compliant.

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Approved provider does not demonstrate that deterioration or changes in consumers’ physical, mental or cognitive heath or condition is recognised or responded to in a timely manner. This includes consumers who have experienced falls, deterioration in their cognitive level and changes to their skin integrity.

Consumers’ care planning documentation and progress notes reviewed by the Assessment Team did not reflect the identification of, and response to, deterioration or changes in consumers’ function, capacity and/or condition. While the Approved provider has documented procedures for staff to follow in the event a consumer deteriorates, staff interviewed by the Assessment Team were not aware of this procedure of how to access the information.

The Approved provider in its response to the Assessment Team’s findings has not disputed the evidence brought forward by the Assessment Team. The Approved provider has committed to referring consumers with deterioration in their cognitive function and updating of care plans will occur when deterioration is identified. These processes were not in place at the time of the Assessment contact, they will require time to be implemented and evaluated, therefore, it is my decision this Requirement is non-compliant.

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

The Approved provider does not evidence that information regarding the consumer’s condition, needs and preferences is documented and communicated with others where responsibility for care is shared. This includes consumers with changes to their swallowing and behaviour management strategies.

The Approved provider in its response to the Assessment Team’s findings has not disputed the evidence collected by the Assessment Team and has committed to ensuring communication is shared between staff, consumers and their representatives. Consumers will be referred to allied health professionals as required. It is my decision that at the time of the Assessment contact information was not documented or communicated within the organisation or shared with others who have responsibility for care is shared, and therefore this Requirement is non-compliant.

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Approved provider does not ensure it is providing timely and appropriate referrals to meet the needs of consumers. Consumers who have sustained falls with injuries and consumers with ongoing challenging behaviours have not been referred appropriately in a timely manner.

The Approved provider in its response to the Assessment Team’s findings has not disputed the findings of the Assessment Team, however, has provided further information to support the attendance of allied health professionals and referrals have occurred for consumers with ongoing challenging behaviours. The Approved provider has acknowledged the electronic care system does not currently support evidence of medical officers completing reviews of consumers and further education will be provided to staff in relation to the electronic care system

It is my decision that at the time of the Assessment contact, processes were not in place to support timely and appropriate referrals for consumers and therefore this Requirement is non-compliant.

### Requirement 3(3)(g) 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.*

# 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.

* Risks related to consumers’ health and well-being need to be considered when completing assessment and planning processes.
* Care planning and assessment processes need to be inclusive of advanced care planning and end of life wishes for consumers.
* Consumers and representatives and people important to the consumer are to be involved in initial assessment and care planning processes and on an ongoing basis.
* Consumers and representatives are to be engaged in communication regarding the outcomes of assessment and planning and care plans are required to be readily available to the consumer/representative.
* Care and services plan for consumers are required to be up to date to meet the consumer’s current needs, goals and preferences. Care planning directives need to be reviewed following changes to consumers’ condition.
* Clinical care delivered is required to be safe and effective and evidence best practice.
* Consumers with high prevalence or high impact risks require effective management of their individual risks, inclusive of but not limited to consumers with challenging behaviours, complex wound care and consumers who regularly exit the service.
* Deterioration or changes in consumers’ physical, mental or cognitive heath or condition need to be recognised and responded to in a timely manner, this is inclusive of but not limited to consumers who have experienced falls, deterioration in their cognitive level and changes to their skin integrity.
* Information regarding the consumer’s condition, needs and preferences needs to be documented and communicated with others where responsibility for care is shared. This includes but is not limited to consumers with changes to their swallowing and behaviour management strategies.
* Consumers who have had changes to their condition including, but not limited to consumers who have sustained falls with injuries and consumers with ongoing challenging behaviours need to be referred to the appropriate health professional in a timely manner.