The Good Shepherd Hostel

Performance Report

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**Commission ID:** 5255

**Provider name:** The Good Shepherd Limited

**Assessment Contact - Site date:** 8 June 2021 to 9 June 2021

**Date of Performance Report:** 15 July 2021

# 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** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | 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 7 July 2021
* other information an intelligence held by the Commission in relation to the service.

# 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 Assessment Team did not assess all requirements within this Standard, therefore a summary statement is not provided. A decision of Non-compliance in one Requirement results in a decision for Non-compliance for the Standard.

### 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 risks associated with the personal and clinical care of consumers had not been effectively managed. Deficits in care included restraint management and monitoring, wound management, falls risk, weight loss and diabetes management.

For one named consumer it was noted they experienced a weight loss of 5.2kgs between February 2021 and June 2021, a nutritional assessment was not completed following the weight loss and referral processes were not initiated to action the consumer’s weight loss.

The Approved provider in its written response confirmed the weight loss experienced by the consumer and noted nutritional supplements were commenced in March 2021 and following a decline in the consumer’s swallowing capacity the consumer was referred to a Speech Pathologist who amended the texture of the consumer’s diet. While a nutritional assessment was completed for the consumer in May 2021, referral to a dietitian and Speech pathologist were recommended but not actioned by staff at the service. Referral processes were initiated following the Assessment contact resulting in the consumer being prescribed a range of nutritional supplements including high-energy and high-protein supplements. The Approved provider has acknowledged referral processes were not actioned or followed up by staff, and staff have been counselled. Care planning directives have been updated to reflect the consumer’s current dietary needs. Education is planned for staff in managing weight loss.

While I acknowledge the actions taken by the Approved provider in relation to the consumer’s weight loss, at the time of the Assessment contact the risk of malnutrition and weight loss for the consumer were not effectively managed.

The management of restrictive practices was not effective. Registers to monitor, document and review consumers requiring psychotropic medication and chemical restraint were incomplete and not accurate. The initial register provided by the service did not contain two consumers who require chemical restraint. Inaccuracies were noted in the register in relation to ceased medication and medical officer review dates.

The Approved provider in its written response has committed to a review of restrictive practices in line with regulatory requirements. The psychotropic drug register has been updated, and all consumers receiving psychotropic medication including consumers who are chemically restrained are to be reviewed. The register has been stored electronically for ease of access. Education for staff regarding psychotropic medication and restrictive practices had been initiated. An authority form had been created for restrictive practices, and care planning review processes will include discussion regarding psychotropic medication and alternative strategies to medication will be identified and updated. Medical officers will be involved in three-monthly care plan reviews in partnership with consumers and their representatives.

While the planned and completed actions taken by the Approved provider may strengthen the service’s ability to monitor and assess consumers requiring psychotropic medication or chemical restraint, these processes were not effective at the time of the Assessment contact and will require additional time to be evaluated for their effectiveness.

For a second named consumer who sustained three falls in the period of one week, a review by an Occupational therapist did not occur in a timely manner and falls risk assessment documentation was not updated until a month after the consumer’s last fall. The consumer was noted to be receiving chemical restraint in the absence of an authority or consent documentation. The consumer had blood glucose readings recording outside parameters set by their medical officer that were not reported to the medical officer for review.

In its written response the Approved provider has noted no changes were made to the consumer’s falls prevention strategies following the delayed review by the Occupational therapist and therefore did not impact on the consumer’s care. It is unreasonable to deduct there was no impact for the consumer who sustained a further two falls following their initial fall. A review of falls management protocols had commenced, and all consumer falls will be referred and reviewed by a physiotherapist within 24 hours. Falls risk assessment tools will be updated immediately following consumer falls. A flow chart regarding the management of falls has been created to guide and support to staff.

While actions have now been implemented to effectively manage the risk associated with consumer falls, at the time of the Assessment contact these processes were not in place, and the named consumers was not referred to or reviewed following falls in a timely manner.

In relation to the second named consumer’s diabetic management, the Approved provider has committed to a change to the recording of blood glucose levels to ensure staff uniformity in recording and reviewing blood glucose levels. Staff were informed of the revised protocol during handover 2 July 2021. The Approved provider did not respond how this process would address blood glucose levels outside reportable parameters not referred to the consumer’s medical officer.

Restraint authority documentation was completed in relation to chemical restraint for the second named consumer 2 July 2021. Further actions in relation to changes in restrictive practices has been discussed further in this Requirement.

For a third named consumer, it was evidenced the consumer sustained two periods where they lost consciousness. The second episode of loss of consciousness occurred 7 June 2021 and documentation did not support the consumer was reviewed by their Medical officer. In the Approved provider’s response, it is noted the consumer was reviewed by their medical officer however notes following the review were not received due to technical difficulties. I note however this was discussed with the medical officer 17 June 2021, which was ten days following the consumer’s episode of loss of consciousness, this does not reflect appropriate action to address the risk of the consumer losing consciousness.

Deficiencies were identified in the monitoring of the third named consumer’s wound care attributed to the lack of equipment available to photograph wounds. The Approved provider has noted improvements to the information technology at the service had been actioned and photographs are now able to be uploaded into the software at the service.

I have given consideration to the Approved provider’s response to the Assessment team’s findings and note that some actions have been taken to address deficiencies identified during the Assessment contact. The Plan for continuous improvement evidences planned actions will require additional time to be completed, and it is my decision these actions will also require review for their effectiveness and sustainability. Therefore, it is my decision this Requirement is Non-compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team did not assess all requirements and therefore an overall rating or summary for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The delivery of safe and quality care that was consistent with consumers’ needs and preferences was provided by a planned workforce with sufficient number and skills mix.

Consumers and representatives confirmed there were sufficient and available staff to meet the care needs of consumers, and there was minimal delay in the response to consumers’ requests for assistance.

Staff confirmed they had enough time to deliver care and services in accordance with consumers care and service plans. Staff advised that while they can be busy, they had sufficient time to respond to consumers in a timely manner and completed their duties. Staff reported they had received training and support from management. Services staff confirmed they had sufficient time to complete their duties. Registered staff felt supported by management at the service to deliver safe and effective care.

Roster hours were calculated based on the service’s full occupancy of consumers including both co-located services. The service currently had several vacant beds and the 66 beds previously allocated to the service are staffed separately as transitional care. The two co-located services were managed and considered as one service, therefore rostered, budgeted and actual rostered hours were reflected across the two services in one rostering application.

Management confirmed they recruited staff as necessary. Due to the difficulty with recruitment processes, the service was utilising a graduate nurse program to attract registered staff to the service.

The base roster was noted to contain unfilled shifts and the published roster was issued to staff without all projected shifts covered, however shifts could be extended, staff were offered double shifts and senior clinical staff covered registered staff shifts as necessary. There was a process to replace staff on planned and unplanned leave. The service had a pool of casual staff to ensure they do not have regularly unfilled shifts. Shifts related to unplanned leave were not always replaced, although the service attempted to cover shifts and extended shifts where possible.

The roster was regularly reviewed to ensure it met the needs and preferences of consumers. A roster review was conducted late in 2020, following declining occupancy rates and the closure of 66 beds, which resulted in a new base roster and a reduction of hours in line with consumer occupancy rates in January 2021. Additional hours have been added into the base roster since its implementation relating to care and cleaning shifts. The service was considerate of mandated care hours per consumers, and demonstrated the service was exceeding these targets.

Call bell response times were monitored and response timeframes outside expected call bell response times were investigated.

Staff were observed responding promptly to requests for assistance from consumers, either verbally or via the call bell system. Medications were administered as prescribed. Meals and refreshments were served at times in accordance with scheduled timeframes. Activities were observed to occur at advertised times.

Based on the information above, it is my decision this Requirement is Compliant.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

#### Members of the workforce had the required qualifications, knowledge and were competent in the performance of their roles. Consumers and representatives confirmed staff had the required skills and knowledge to effectively perform their roles.

Staff performance was monitored under a supervisory structure. Staff were required to complete mandatory and additional training relevant to their designation. Staff confirmed practical competencies, such as handwashing, medication administration and manual handling were assessed annually. Staff confirmed education was provided to ensure competency with the use of new equipment.

The Infection prevention and control lead confirmed they had completed the legislated qualifications since their appointment to the role. Staff demonstrated knowledge of infection control procedures and confirmed they had completed training in response to the COVID-19 pandemic.

Staff advised they completed supervised shifts on commencement with the service or when they worked in a new area of the service. A review of induction and orientation processes identified the supervisor of new staff assessed the competency of new employees and made a recommendation of whether further training was required.

The training schedule identified the provision of training to staff based on their roles including falls management, skin care, wound management and fire safety. Attendance records were maintained to ensure staff qualifications in first aid and cardio-pulmonary resuscitation skills were current. A review of training records indicated that practical competencies such as handwashing, medication administration and manual handling had been assessed. Staff have completed a manual handling assessment and documentation confirmed corrective actions were initiated if deficiencies in staff skills were identified.

Induction and orientation programs were used and monitored to ensure new staff understood their roles and had the required knowledge to perform their roles effectively. Audits were utilised to identify staff training needs. Education was provided through various formats including toolbox sessions, newsletters, demonstrations of practice and observations taken of staff practice.

Based on the information above, it is my decision this Requirement is Compliant.

# 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.

* The organisation is required to demonstrate the effective management of high-impact or high-prevalence risk for consumers is effectively managed.