The Good Shepherd Nursing Home

Performance Report

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**Commission ID:** 5954

**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 and intelligence held by the Commission in relation to the service.

# 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 did not assess all Requirements in 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 and diabetes management.

For one named consumer with a pressure injury, wound care documentation did not support wound care was provided as prescribed or monitored regularly to assess the effectiveness of wound care delivery. The Approved provider in its written response has indicated registered staff have undertaken a wound reassessment of the consumer and wound care and/or monitoring is now occurring daily. The Approved provider has noted the consumer also has a number of preventative strategies in place for prevent deterioration of their pressure injury, including high-protein diet and skin care. The consumer was also noted to have been prescribed and administered psychotropic medication in the absence of the effectiveness of the medication administered or the medical officer being notified of the episode of aggression which necessitated the administration of the medication. The Approved provider’s response states education had been provided to registered staff in relation to completing an evaluation following the use of psychotropic medication. The consumer had been reviewed by their medical officer with their family present and psychotropic medication usage was discussed and authorisation was provided by the consumer’s family.

While I acknowledge the actions taken by the Approved provider, the risk to the consumer’s wound status and use of psychotropic medications was not effectively managed.

For a second named consumer who required feeding through a gastrostomy tube, there was a lack of documented evidence to support the monitoring of the feeding tube or scheduled dates for the changing of the feeding tube. Progress notes record the tube sight was noted to be red and malodourous 10 May 2021, however there was no documentation to support the consumer’s medical officer had been notified.

The Approved provider in its response detailed that instructions to care for the consumer’s feeding tube was contained in a medical section of the consumer’s care plan, however the care plan was amended to include additional guidance for staff in the care of the feeding tube. The Approved provider confirmed a wound chart was not in place for the consumer’s feeding tube as the tube site was observed during daily hygiene cares for the consumer. The service was reviewing the protocol for inclusion of the feeding tube in wound care documentation. In relation to scheduled dates for changing the feeding tube, the Approved provider noted the local hospital is responsible for changing the feeding tube and future dates when the feeding tube requires changing have been added to the consumer’s care plan. The consumer’s medical officer reviewed the feeding tube site on 18 and 19 May 2021, and staff noted the site was clean and dry.

I acknowledge the actions taken by the service in relation to the consumer, demonstrates the high-impact risk of his feeding tube was effectively managed, and this will be further strengthened by the additional care planning guidelines included in the consumer’s care plan.

For a third named consumer who experienced a 15-minute seizure following a second COVID vaccination, was not transferred to hospital until two hours after experiencing the seizure. The Approved provider responded to this information and noted the consumer had not experienced a seizure since 2016, was screened by the external provider delivering vaccinations and had not experienced a negative outcome to the initial COVID 19 vaccination. In relation to the delay in transferring the consumer to hospital following the seizure, the Approved provider stated the registered nurse had been counselled regarding the delay in transferring the consumer to hospital.

While I acknowledge the actions of the Approved provider in counselling the registered staff member responsible for the delay in the consumer being transferred to hospital. It is my decision the high-impact risk for the consumer suffering negative outcomes form the seizure or sustaining a further seizure were not managed.

Processes relating to restraint management contained deficiencies including lack of authority for a consumer receiving psychotropic medication in the absence of a diagnosis, the effectiveness of chemical restraint usage not recorded, and discussion with consumer or their representative prior to the use of psychotropic medication.

The Approved provider’s response to deficits relating to restraint management have included medical officers and representative have been contacted regarding authorisation for restraint, alternative strategies have been included in care planning directives, a revision of policies and procedures relating to restrictive practices and education for staff relating to psychotropic medication and restraint management.

The actions the Approved provider has commenced I am confident will improve restraint management at the service, however, these actions will take time to implement and to be evaluated as effective.

Processes relating to falls management included deficiencies relating to contacting the medical officer following falls and referral to physiotherapist following frequent falls. The Approved provider in its response to deficits identified have updated the falls risk assessment for consumers named in the assessment contact report. A review had been undertaken by the physiotherapist and medical officer and discussion of the consumers occurred at the falls committee meeting. While I acknowledge the actions taken by the Approved provider in relation to falls management practices, these actions were taken following deficits identified at the assessment contact visit, rather than being identified by the service’s monitoring practices. This does not give me confidence the service is addressing the high-impact risk of falls for consumers.

Based on the information above and consideration given to the Approved provider’s response to the Assessment Team’s findings and plan for continuous improvement it is my decision at the time of the Assessment contact the service did not demonstrate the high-impact risks to consumers relating to restraint, wound and diabetes management was effectively managed. It is my decision therefore; 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.