The Richardson West Perth

Performance Report

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WEST PERTH WA 6005
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**Commission ID:** 7467

**Provider name:** Oryx Communities AP Pty Ltd

**Assessment Contact - Site date:** 15 February 2021

**Date of Performance Report:** 5 May 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 on 12 March 2021.

# 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 assessed Requirement (3)(a) within this Standard and found this requirement not met. Based on the Assessment Team’s report and the provider’s response I find Standard 3 Requirement (3)(a) Non-compliant. The reasons for my finding are detailed under the specific Requirement below.

### 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.*

While the Assessment Team found consumers generally received personal and clinical care that was safe and right for them they also consider a consumer did not receive appropriate care in relation to bowel management, falls prevention and pain management. The Assessment Team based these findings on:

* Consumer care records indicating staff did not maintain accurate documentation of the consumer’s bowels leading to constipation not being recognised in a timely manner to ensure effective interventions were put in place between late December 2020 and early January 2021, resulting in the consumer being diagnosed with faecal impaction. Records of bowel activity for the month prior to this diagnosis were incomplete and not in line with service policy that directed staff to record time, type and amount of bowel motion and whether the consumer was continent or incontinent.
* Consumer care records and an incident report indicating a sensor mat was not in use the afternoon the consumer fell in their room. At the time of this fall records show the consumer mobilised with a frame and staff supervision.
* Consumer care records confirming the consumer experienced an increase in pain on movement after sustaining significant fractures when they fell. Records indicate regular pain assessment and monitoring did not occur after the consumer returned from hospital, a physiotherapist’s recommendation to be mindful the consumer will not report pain were not followed and as required opioid analgesia was administered infrequently prior to significant changes in position, also as directed by the physiotherapist.

The provider submitted a response to the Assessment Team’s report on 12 March 2021, disputing the Assessment Team’s finding of not met, indicating many statements made in the Assessment Team’s report were incorrect and submitted evidence to support their view.

* In relation to continence management, the provider indicated the consumer’s dietary preferences and tendency to fast intermittently had an impact on the frequency of their bowel motions. The provider reported the consumer’s bowels were open on 20, 21, 22, 23 and 24 (twice) December 2020, indicated the consumer tended to refuse aperients when offered and provided records relating to February 2021 as evidence of this.
* In relation to falls management, the provider indicated when the consumer fell in the afternoon, they fell in the lounge area of their room, near their armchair, not near their bed. The provider confirmed the bed sensor mat would not have been connected as the consumer was not in bed, and they had recently returned to their room after spending time on a different floor with a member of the lifestyle team. Progress notes confirm the consumer’s activities with the member of the lifestyle team, and call bell records confirm the consumer did activate their call bell in the days leading up to, and on the day of, the afternoon fall.
* In relation to pain management the provider indicated the consumer tended to refuse analgesia both in hospital and on return to the service at the end of January 2021 and provided evidence of the consumer refusing twice in a six-day period. The provider also maintains staff appropriately assessed, monitored and managed the consumer’s pain when it was identified.

In relation to continence management, while the consumer’s bowel chart does confirm they had their bowels open most days between 20 and 31 December 2020, the records rarely described the size and type of bowel motion. Detailed recording of bowel motions as directed by the service’s policy would have enabled a registered nurse to determine the consumer was showing signs of constipation and prompt intervention to prevent this worsening. Registered nurse review of the bowel charts during this period should have identified that appropriate records were not being made and prompted follow up education with the relevant staff. In addition, the provider’s suggestion that the consumer tended to refuse aperients was based on evidence they submitted relating to February 2021, and not the timeframe considered during this assessment contact visit.

In relation to falls management, the incident form relating to the afternoon fall in question does not specify exactly where in their room the consumer was found after falling and progress notes offer no further information. For this reason, I am not able to determine a key falls prevention strategy was not implemented as it should have been.

In relation to pain management, I do not consider clinical staff followed a physiotherapist’s comprehensive directives. Nor do I consider clinical staff had sufficient oversight of care staff; the care they provided, or the decisions they made about the care they needed to provide. A physiotherapist’s assessment directed staff to sit the consumer out of bed as much as possible to assist with the management of an existing upper respiratory tract infection, and to ensure the consumer had adequate pain relief as they were unlikely to report pain verbally. The physiotherapist also indicated they provided the same information to clinical and care staff verbally. Understandably, adequate analgesia would have helped this consumer sit out of bed comfortably and facilitate deep breathing to support the resolution of a known upper respiratory tract infection.

While there are records of pain assessments being completed, only one assessed the consumer’s non-verbal symptoms, and there is no correlation between when care staff identified and recorded the consumer had pain and clinical staff completing pain assessments. In addition, there are multiple entries in progress notes indicating the consumer acknowledged they had no pain if they lay still, and of their reluctance to be assisted out of bed. Records also confirm the consumer developed a pressure injury during the time frame being considered. In the presence of two significant fractures, one affecting weight bearing, and a resolving respiratory infection, close assessment and monitoring of pain by clinical staff, and oversight of care staff activities, would have ensured the consumer’s care was delivered as directed.

Based on the Assessment Team’s report and the provider’s response I consider this consumer was not provided with safe and appropriate clinical care specifically in relation to bowel management in December 2020 and pain management from late January 2021. I do not consider a diagnosis of faecal impaction with overflow supports the view that this consumer’s bowels were appropriately monitored and managed, despite consideration of their individual dietary preferences. I also do not consider clinical staff implemented the directives of a physiotherapist in relation to providing the consumer with adequate analgesia to enable them to be transferred out of bed without pain, and to sit out of bed to support appropriate management of an upper respiratory tract infection. The consumer was transferred to hospital five days later after being diagnosed with a lower respiratory tract infection.

For the reasons detailed above I find Oryx Communities AP Pty Ltd, in respect of The Richardson West Perth, Non-compliant with Requirement (3)(a) in Standard 3.

# 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 assessed Requirement (3)(a) within this Standard. No other Requirements in this Standard were assessed therefore an overall rating for the Standard is not provided.

The Assessment Team have recommended Requirement (3)(a) in this Standard met. Based on the Assessment Team’s report and the provider’s response I find Requirement (3)(a) Compliant. The reasons for my decision are detailed under the specific Requirement below.

## 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 Assessment Team found most consumers and/or representatives considered there were enough staff and the right mix of staff to deliver care and services in line with consumers’ preferences. Consumers and representatives provided the following feedback specific to this Requirement:

* A consumer said they do not have to wait for a long time when they ask for help to do their walking exercises. Another consumer said staff come to them when they need them to.
* Another consumer said they cannot always see staff, but they know they are helping others and if they need help, staff will provide it.
* Representatives of three consumers reported they had provided feedback late in 2020 about what they considered to be the impact of insufficient staff and/or lack of continuity of staff. All representatives confirmed they had noticed an improvement since providing the feedback.
* One representative indicated they did not consider there were enough staff. Their family member had fallen recently and had reported having to wait a long time for their call bell to be answered on numerous occasions.

Documents reviewed by the Assessment Team included rosters, allocation sheets, the comments and complaints folder and call bell data and analysis. Rosters and allocation sheets demonstrated recent review and the introduction of a float shift and the finish time for the shorter shift on the three busiest levels had been extended. Management advised, and documentation confirmed the increase in staffing hours was implemented as a result of feedback received from consumers, representatives and staff during November and December 2020. Review of call bell data for the four weeks prior to the Assessment Contact visit shows the call bell response time has decreased from an average of approximately 22 minutes during January 2021 to under 12 minutes in February 2021. Management provided an analysis of call bell data and a memorandum sent to staff to remind them of the importance of responding to call bells in a timely manner.

Staff provided feedback indicating they can be rushed at times however confirmed an additional float shift has recently been introduced to assist during busy periods during the morning shift. Care staff did confirm clinical staff can also help them if the float is not available however, this often delays care delivery as clinical staff are not based on the floors where consumers live.

The Assessment Team reviewed evidence of a process in place to monitor compliance with this Requirement and to identify opportunities for improvement.

For the reasons detailed above I find Oryx Communities AP Pty Ltd, in respect of The Richardson West Perth, Compliant with Standard 7 Requirement (3)(a).

# 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)(a)**

* Ensure all staff comply with the service’s policies and procedures in relation to bowel management.
* Ensure all clinical staff comply with the service’s policies and procedures relating to obtaining and following the directives of allied health practitioners.
* Ensure all clinical staff comply with the service’s policies and procedures in relation to supervising care staff in the delivery of care.
* Ensure all staff comply with the service’s policies and procedures in relation to reporting changes in a consumer’s physical or cognitive state to clinical staff for follow-up action.
* Ensure all clinical staff monitor consumers for deterioration as directed by the organisation’s policies and procedures.
* Ensure processes are in place to monitor staff compliance with the above responsibilities.