Thomas Street Lodge

Performance Report

43 A Thomas Street
PARRAMATTA NSW 2150
Phone number: 02 9630 1125

**Commission ID:** 2431

**Provider name:** Anglican Community Services

**Assessment Contact - Site date:** 12 January 2021

**Date of Performance Report:** 15 February 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 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(c) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | 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 was received 2 February 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

### Consumer outcome

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 requirement, 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.

Most of the sampled consumers considered that they can make informed choices about their care and services and live the life they choose. However, there is evidence some consumers are not adequately supported to drive decision making about aspects of their care.

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

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

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

The Assessment Team acknowledges that the service has made and is making efforts to address deficits relating to this requirement, such as recently developing a policy in relation to supporting consumers who are without family or nominated representatives to drive decision making. This includes seeking assistance from the NSW Public Guardian and Trustee for consumers identified with cognitive impairment. However, the Assessment Team found evidence that decision making for each consumer including those with limited social support is still not being effectively addressed, especially in the area of managing restraint.

The Approved Provider also submitted information about the issues raised by the Assessment Team. The Approved Provider submitted some evidence of consent for both environmental and chemical restraint as well as clarification of the consumers locations within the service. However, there appears to be shortfalls in communicating consumers decisions in both the areas of consent and involvement of a consumer’s representative. There are also inconsistencies in the application and recording procedures in relation to restraint.

In the instances where the Public Guardian and Trustee informed the Approved Provider that consent was not required, the Approved Provider should refer to the Quality of Care Amendment (minimising the use of restraint) Principles 2019, 15F(e). This states that physical restraint must not be used in relation to a consumer unless, the approved provider has the informed consent of the consumer or the consumer’s representative to use of the restraint, unless the use of the restraint is necessary in an emergency. As the consumers were not in emergency situations consent must be obtained. Reference should also be made to,15F(a); for a medical practitioner to be able to provide physical restraint consent the consumer must be at risk of harm and a documented assessment must be completed.

I am of the view that the Approved Provider does not comply with this requirement as they did not effectively demonstrate that they provide adequate support to allow each consumer to exercise choice and independence.

# 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 requirement within this Standard, the Assessment Team 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 team also examined relevant documents.

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

However, high impact and high prevalence risks relating to falls, behaviour, skin integrity, pain and other clinical care are not always minimised or effectively managed for each consumer. Some consumers have experienced incidents that were impactful on their health and well-being requiring hospital treatment. There is also a high use of psychotropic medications.

The Quality Standard is assessed as non-compliant as one of the seven specific requirements have been assessed as non-compliant.

### 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 Assessment Team identified ongoing issues in the management of high impact risks for the sampled consumers. The key high impact or high prevalence risks and issues identified for the consumers were related to skin integrity/wound, falls, behaviour and pain management. Unplanned weight loss, high use of psychotropic medications and other areas of clinical care was also noted.

Skin integrity care plan notes showed that goals to improve skin integrity had not been consistently nor effectively achieved. Wound care was inconsistent and resulted in deterioration of the affected areas. The Assessment Team also found evidence of inadequate pain management and this resulted in behaviour management issues that compromised the safety of other consumers.

There are inconsistencies in recording the reasons for use of psychotropic medication and what had occurred leading up to the administration of medication in most incidences.

While the organisation records and analyses high impact and high prevalence clinical and personal risks for consumers, high impact risks for the consumers are not consistently addressed or properly managed. There is a consistent history of complaints relating to consumer behaviour or care causing discomfort and/or injury.

The Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider agrees with the team’s assessment that wound and behaviour management is not adequately managed at the service. They have developed a continuous improvement plan in both these areas and additional training for staff. Some explanation was provided relating to individual circumstances for the sampled consumers, however this did not address the overall issue of inconsistencies of the management of high impact or high prevalence risks. While the Approved Provider has identified treatment options for consumers to address high impact or high prevalence risks, they have not demonstrated that they have undertaken a risk assessment where the consumer chooses not to undertake the preferred course of treatment. There was no evidence that they have adequately explained the risks, nor developed a plan with contingencies for further options to effectively manage high impact or high prevalence risks associated with consumer care.

I am of the view that the Approved Provider does not comply with this requirement as they have not demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team observed that the service provides an environment that is safe, clean and well maintained and comfortable. Consumers were observed moving freely throughout the facility and staff assisted them in their movements where required. Some consumers were observed at the reception area waiting for taxis and were able to leave the premises.

The Assessment Team observed that the service has clear signage throughout, structural strategies to support consumers to mobilise independently, adequate lighting, heating and cooling, a comfortable atmosphere and appropriate noise levels. The service has various outdoor areas which are used for consumers to exercise and do activities. During the visit the Assessment Team observed consumers participating in a gardening exercise in the courtyard adjacent to the dining room with some repotting plants and other watering plants.

Consumers/representatives interviewed were happy with the service environment stating that it is a relaxed, welcoming, safe and comfortable environment that meets their needs. They were happy with the standard of cleaning and maintenance stating that a well maintained, clean and hygienic environment is always maintained.

Based on the evidence this requirement is met.

# 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.

### Requirement 1(3)(c)

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

The Approved Provider must improve performance to ensure compliance with the Quality Standards by:

* Reviewing legislation on restraint and ensuring their practice is consistent with the requirements for both physical and chemical restraint. This could also extend to training for staff so that appropriate records of consumer choice are completed and maintained consistently and in a timely manner.
* Ensure that the plan for continuous improvement is reviewed updated and actioned, in to the area of ‘ensuring each consumer is supported to exercise choice and independence’
* Continue to improve advocacy avenues for supporting consumers who are without family or nominated representatives to drive decision making.

### Requirement 3(3)(b)

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Approved Provider must improve performance to ensure compliance with the Quality Standards by:

* Creating a plan for continuous improvement relating to the effective management of high impact or high prevalence risk to consumers including wound management.
* Source and work collaboratively with external expertise to assist with alternative approaches including behaviour and wound management.
* Staff training in wound management and psychotropic medication.
* Capturing the catalysts associated with the use of psychotropic medications utilising this for a review the use of psychotropic medications.