Thomas and Rosetta Agst Aged Care Facility

Performance Report

Level 3, 1634 Pacific Hwy
WAHROONGA NSW 2076
Phone number: 02 9450 8300

**Commission ID:** 0557

**Provider name:** United Protestant Association of NSW Limited

**Assessment Contact - Site date:** 11 November 2020 to 12 November 2020

**Date of Performance Report:** 31 December 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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 17 December 2020.

# 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 requirements 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.

For example:

* Consumers confirmed they were happy with the care they received in relation to their daily needs, stating they get the care they need.
* The sampled consumers said they access medical staff when needed.
* One consumer said they understand that staff are busy, and they may have to wait for help.

Generally, progress notes and other documents reviewed for the consumers sampled reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. However, in relation to behaviour, pressure injury and pain management the organisation was not always able to demonstrate timely and effective management of these. The service was unable to articulate an effective analysis and trending of the clinical data available to them specifically the identifying pressure injuries and their severity, the increasing frequency of falls, and a dramatic decline in aggressive and/or challenging behaviours recorded within the service.

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)(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 found that the service was unable to demonstrate that all consumers are provided with safe and effective care, specifically in those consumers with challenging behaviours. Care planning is not adequately evaluated for consumers with challenging behaviours, and challenging behaviours are ongoing. The service did not identify a new consumer’s grade three pressure injury for 10 days resulting in clinical care not being provided and monitored. Pain and weight loss are not effectively identified, addressed and monitored. The clinical data provided to the Assessment Team did not include an analysis of the information, for example trending of incidents and consumers involved in those incidents and specifically the staging of consumers pressure injuries. The Assessment Team was unable to fully verify the integrity of the data collated as there were multiple sources of information that did not always corelate. Staff described how they know the care they provide is safe and effective. RNs said they follow organisational policies and procedures to ensure safe and effective care. However, all staff interviewed articulated that meetings for the preceding 11 months had been minimal and education “had just started up again recently”

In their response, the Approved Provider submitted information to address the issues identified by the Assessment Team. While I accept that there was some data available to the Assessment Team at the time of the assessment contact and this was submitted by the Approved Provider in their response, which shows areas of clinical risk at the service; this information does not demonstrate the current status at the service. Most data provided by the Approved Provider is six to twelve months out of date and shows limited analysis. I accept there was a historical report with analysis provided to the Board Risk Committee in May 2020, however this is also not contemporaneous. This supports the finding of the assessment team regarding not having adequate and timely data analysis to guide areas of clinical risk at the service. An example of this is not being able to identify consumers who are chemically restrained, until the closing meeting on day two of the assessment contact. My view of compliance is confirmed by feedback from staff about meetings not frequently occurring in the past year to ensure staff are adequately trained in areas of clinical care and areas of highest risk at the service.

Concerning the information submitted by the Approved Provider about behaviour management, I accept that the Clinical Nurse Specialist has had contact with consumers with challenging behaviours and their representatives. However, some of the review dates for the sampled consumers were after the assessment contact and the information provided in their response, does not address the issues identified by the assessment team. For example – missing information from care plans or case conference summary about the impact of behaviours on other consumers; missing pain charts to demonstrate that pain was eliminated as a potential trigger; nor does it demonstrate that appropriate incident investigation has occurred, and suitable strategies put in place to prevent recurrences of behaviours impacting on other consumers safety.

The Approved Provider confirmed that there are opportunities for improvement relating to wound documentation and pain management. Some of which were identified prior to the assessment contact. Based on the information submitted by the Approved Provider, there is no confirmation that these actions have been closed out at the time of the assessment or since. The Approved Provider needs time to demonstrate that corrective actions have been successfully implemented, monitored and evaluated for effectiveness.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate consumers receive safe and effective clinical care relating to behaviour management, identification and management of pressure injuries, pain management and unplanned weight loss.

### 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.

### Requirement 3(3)(a)

*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 Approved Provider must demonstrate that:

* the service provides consumers with safe and effective care, specifically in those consumers with challenging behaviours.
* care planning is adequately evaluated for consumers with challenging behaviours, and challenging behaviours decrease in number.
* the service identifies, implements and evaluates strategies to minimise the impact on other consumers, from consumers demonstrating challenging behaviours.
* the service identifies consumer’s skin integrity needs, including identifying pressure injuries that were acquired outside the service.
* pain and weight loss needs are effectively identified, addressed and monitored.
* clinical data includes an analysis of the information, for example trending of incidents and consumers involved in those incidents and specifically the staging of consumers pressure injuries.
* they have implemented all actions mentioned in their action plans, submitted with their response to this assessment contact.