Tully Nursing Home

Performance Report

13 Bryant Street
TULLY QLD 4854
Phone number: 07 4068 2355

**Commission ID:** 5454

**Provider name:** Tully Nursing Home Inc

**Assessment Contact - Site date:** 9 September 2020 to 10 September 2020

**Date of Performance Report:** 21 October 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-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 Assessment Team’s Infection Control Monitoring checklist completed on 9 September 2020
* the Approved Provider’s response to the Assessment Contact - Site report received 8 October 2020.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team found consumers interviewed reported staff understand and respect their needs and preferences and have spoken to them about advanced care and end of life planning. Consumers reported they are being involved in care planning assessment, as are others who are important to them and relevant health professionals. While most consumers said they had not been offered a copy of their care plan, the service demonstrated it communicates outcomes of assessment and planning information to consumers and management advised this process was being reviewed at the time of the Assessment Contact visit.

The Assessment Team found that care staff were generally able to describe what was important to the consumers in terms of how their personal and clinical care was delivered. Information regarding consumers’ needs was obtained from care and service plans and through discussions with registered staff and representatives.

The care planning documents included advance care planning and end of life planning and detailed an ongoing partnership with the consumer and others in assessment, planning and review of the consumers’ care and services. Staff confirmed medical officers and other health professionals were involved in care planning processes. Consumers described how people who were important to them were involved in care planning and review processes.

There was evidence of referrals to allied health professionals, including physiotherapists, dietitians and speech pathologists. The Assessment Team observed assessments and treatment changes by allied health specialists were documented in consumers’ progress notes.

Whilst care plan documentation summarised information relevant to the consumer’s needs, including communication, mobility, skin care, nutrition and hydration, the Assessment Team identified consumers with specialised nursing cares or complex care needs, such as diabetic management or catheter management, did not have care plans in place for these needs.

Consumers’ care and care planning documentation was not reviewed or updated as changes were made and did not, therefore, include information reflecting consumers’ current needs.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The service did not demonstrate assessment and care planning informed safe and effective care and services for consumers with specialised care needs or complex care needs.

The Assessment Team identified consumers with complex care needs and consumers requiring specialised nursing care did not have care plans in place for those needs. Managers of the service acknowledged this and advised the Clinical Nurse would organise for the care plans to be completed.

The Approved Provider’s response received on 8 October 2020 stated that all consumers’ care plans had been reviewed by the Clinical Nurse and all consumers who had complex care needs now have appropriate care plans in place.

I acknowledge that since the Assessment Contact, the Approved Provider has reviewed and updated all care plans and ensure those consumers with complex care needs have care planning in place relevant to those needs. However, the care plans did not reflect a consideration of consumers’ risks in relation to complex or specialised care needs on the day of the Assessment Contact visit. Therefore, this requirement is Non-Compliant.

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found reassessment of care and a review of care plans had not occurred following changes in consumers’ care needs, goals and preferences. Managers of the service advised pain management assessments and care plans had not been reviewed or updated when changes had occurred to consumers’ pain management needs. Reviews of pain management care needs for consumers was commenced during the Assessment Contact visit.

The Assessment Team found that managers were not aware of the service’s requirement for specialised nursing care instructions to be assessed by a registered nurse or medical officer. Managers acknowledged consumers with complex or specialised care needs were not being monitored or reviewed regularly or effectively.

The Approved Provider’s response received on 8 October 2020 stated that all consumers’ care plans had been reviewed by the Clinical Nurse and all consumers who had complex care needs now have an appropriate care plan in place. The care plans will be updated when changes occur to a consumer’s needs, goals or preferences. The Approved Provider stated the clinical team are to ensure they initiate relevant assessments for pain, sleep or other issues when consumers express or experience concerns and to communicate the issues to the Clinical Nurse and a medical officer.

Whilst the Approved Provider has since reviewed and updated all care plans, on the day of the Assessment Contact visit, care documentation did not reflect consumers’ care was regularly reviewed, including those consumers with complex or specialised care needs. Therefore, this requirement is Non-Compliant.

# 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

Most consumers interviewed confirmed that they get the care they needed and advised they have access to a medical officer or other health professional when they needed it.

A review of consumers’ clinical documentation demonstrated consumers received appropriate personal and clinical care in relation to their end of life care needs and when they experienced a deterioration or change in their health status. A review of the clinical documentation identified regular reviews were conducted by medical officers and their instructions to manage pain, comfort and dignity were documented. Registered and care staff described how they support consumers who were nearing the end of life and gave examples of interventions to maximise comfort and dignity.

Care documentation generally provided adequate information for effective sharing of the consumers’ care and reflected timely and appropriate referrals and input from medical officers, allied health professionals and other health specialists. Staff were able to describe when consumers returned from consultations, the outcomes were shared with staff to enable any changes in care and services to be applied.

Registered staff were able to describe how they identified, assessed and managed high impact and high prevalent risks for consumers. Staff demonstrated an understanding of consumers’ assessed needs and provided examples of individual consumer risks. The Clinical Nurse conducts audits and monitors high impact or high prevalence risks for consumers. The service has a High-Risk Care policy that provides guidelines on how risk is identified, managed and documented.

A review of care documentation, progress notes and incident reports identified that staff recognised and responded to changes in the health or physical function of a consumer in a timely manner. The documentation evidenced consumers were regularly monitored by registered staff.

Information about care planning and reviews for consumers with specialised and complex care needs has been considered under Standard 2.

However, the Assessment Team found the service was not effectively managing restrictive practices. The Assessment Team also identified deficiencies in minimising infection related risks, specifically in relation to COVID-19.

The Quality Standard is assessed as Non-compliant as two 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 service was unable to demonstrate clinical care delivery was best practice in relation to restraint assessment, management and review.

The service has a restraint minimisation and management policy in place that was last reviewed on 10 June 2020. However, the service’s guidance on the use of restraint was sourced from a document produced by the National Health Service of the United Kingdom from 2007. The service was not aware of the Decision-making tool: Supporting a restraint free environment for Residential Aged Care published by the Department of Health and Ageing.

While management advised no consumers currently at the service are prescribed psychotropic medications for the purposes of chemical restraint, the service’s restraint process did not identify that chemical restraints needed to be reviewed.

Management confirmed Protective Assistance Authorisation forms and the restraint policy needed to be reviewed and updated to align with legislative requirements and advised this would be actioned as a matter of priority.

The Assessment Team found several consumer files demonstrated no alternative strategies had been trialled prior to the use of physical restraints (such as bed rails) and no risk assessments were documented for consumers in relation to the use of physical restraints. Managers confirmed the service had not implemented the organisation’s restraint authorisation processes which included discussions with consumers about the risks associated with the restraint and alternative strategies to manage risks. Management advised the service did not have a risk assessment for bedrail usage.

The Assessment Team reviewed documentation of consumers who were at a high risk of developing pressure injuries and identified that whilst skin integrity related care was safe and effective, consumer wound charts did not provide clear communication of conditions of wounds. Whilst registered staff were recording pressure injuries, no identification of the stage of the pressure injury was documented and no photographs of wounds were recorded. Registered staff and managers confirmed the stage of the pressure injury should have been documented.

The Assessment Team reviewed consumer documents relating to pain management and found consumers’ documents did not record pain assessments and care plans were not developed to reflect consumers’ needs in relation to pain management. This information has been considered under Standard 2.

The Approved Provider’s response received on 8 October 2020 stated that all consumers’ care plans had been reviewed by the Clinical Nurse and all consumers who had complex care needs had appropriate care plans in place. Clinical staff are now recording the stage of pressure injuries and photograph wounds.

In relation to restrictive practices, the Approved Provider’s response also stated the service:

* updated the Protective Assessment/Authorisation form to include an area to list alternative strategies trailed prior to commencement of restraint and for chemical restraint to be reviewed monthly
* implemented a process to ensure risk assessments are conducted prior to the use of physical restraint
* now utilises the decision-making tool: supporting a restraint free environment of residential aged care.

Whilst the Approved Provider has undertaken a range of actions to address the deficiencies identified by the Assessment Team, on the day of the Assessment Contact visit, the service did not demonstrate effective management of restrictive practices or documentation related to pressure injuries. Therefore, this requirement is Non-Compliant.

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Non-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.*

The Assessment Team found the service was not minimising infection related risks as it had not adequately prepared in the event of a COVID-19 outbreak.

The Assessment Team completed an Infection Control Monitoring checklist during and identified a range of deficiencies in relation to the service’s preparedness for a COVID-19 outbreak, including in relation to the service’s outbreak management plan, risk screening processes and signage related to infection control measures.

Management acknowledged the lack of preparedness and advised the outbreak management plan and other interventions and strategies would be implemented.

The Approved Provider’s response received on 8 October 2020 listed a range of actions implemented to address the deficiencies identified by the Assessment Team in relation to the service’s preparedness for a COVID-19 outbreak, including (but not limited to):

* updated the outbreak management plan
* regular screening of staff and consumers for COVID-19 symptoms
* identified surge contingency staff to access in the event of a COVID-19 outbreak
* placed appropriate signage throughout the facility relevant to COVID-19 infection control measures.
* made available handwashing stations, hand sanitisers and sanitising wipes
* signage and memos to staff about social distancing requirements and arrangements.

Supporting evidence of these actions was not included in the response.

Whilst I acknowledge the Approved Provider’s submission and the information relating to the service’s updated COVID-19 outbreak management plan and additional infection control measures recently implemented, these were not adequately in place during the Assessment Contact visit. Therefore, this requirement is Non-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.

* Requirement 2(3)(a) – The service ensures assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services, particularly for those consumers with complex or specialised care needs.
* Requirement 2(3)(e) – The service ensures that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Requirement 3(3)(a) – The service ensures that each consumer gets safe and effective complex or specialised care that is best practice, is tailored to their needs, and optimises their health and well-being.
* Requirement 3(3)(g) – The service ensures that it minimises infection-related risks through implementing standard and transmission-based precautions to prevent and control infection, particularly in relation to COVID-19.