Uniting AgeWell Condare Court

Performance Report

8 Joffre Street   
CAMBERWELL VIC 3125  
Phone number: 03 9809 1558

**Commission ID:** 3081

**Provider name:** Uniting AgeWell Limited

**Assessment Contact - Site date:** 16 March 2021 to 17 March 2021

**Date of Performance Report:** 4 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(c) | 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) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(e) | 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 12 April 2021.

# STANDARD 2 NON-COMPLIANT Ongoing 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

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Assessments that include relevant risk identification are completed for each consumer. However, this assessment information does not inform consumers’ care plans or handover documentation to ensure safe and effective care.

Consumers and representatives generally participate in the assessment and care planning process. Staff described how consumers, representatives, health professionals and others contribute to consumers’ care.

Overall representatives said they are advised when incidents occur and are aware and involved in a process to regularly review the effectiveness of care. However, care plans are not always reviewed and updated after incidents or when circumstances change.

The Quality Standard is assessed as Non-compliant as two of the three specific requirements assessed at this visit 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 Assessment Team found that care documentation shows care assessment that includes relevant assessment and risk identification is completed for each consumer. However, care assessment information does not inform care plan development or handover documentation to ensure safe and effective care. The Assessment team provided examples of four consumers whose care plans did not contain individualised care interventions to manage identified risk in relation to behaviour, swallowing difficulties, mobility, continence and skin integrity.

The approved provider’s response acknowledges the deficits in consumers’ care plans identified by the Assessment Team and states that these gaps occurred due to incorrect use of the electronic clinical documentation program, which resulted in information not being transferred from consumers’ assessments to their care plans. The response also states that actions have been taken to ensure all consumers’ care plans now contain required information, case conferences have been scheduled with all consumers/representatives, and refresher training has been provided to staff in the use of the clinical documentation system. Additionally, internal monitoring processes have been implemented to ensure future errors are identified and rectified.

Whilst I acknowledge the actions taken by the approved provider to address the deficits in consumers’ care plans, it will take time to determine the effectiveness of these actions. I therefore find this requirement Non-Compliant.

### 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)(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.*

While the Assessment Team found that this requirement was met, I have come to a different conclusion. The evidence provided by the Assessment Team indicates that consumers’ care plans are not consistently reviewed on a regular basis, after incidents or when consumers’ circumstances change. The Assessment Team provided an example of a consumer who had limited documentation of reassessment or review of care needs following a rapid deterioration in health. Another consumer’s care plan was not reviewed following a fall which led to an arm injury or following a recommendation from a speech pathologist for a texture modified diet and thickened fluids. A third consumer’s care plan was updated 5 months after the physiotherapist made recommendation related to their mobility.

The approved provider’s response to the deficits related to Requirement 2 (3) (a) will also address these deficits.

I find this requirement Non-Compliant.

# 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

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.

Some consumers/representatives interviewed did not consider that consumers receive personal care and clinical care that is safe and right for them. Consumers do not always receive safe and effective personal and clinical care in relation to management of skin integrity and pain. Where psychotropic medications are prescribed, assessment, monitoring and review does not occur according to regulatory requirements.

Risk related to falls is not always effectively managed. A consumer with clinical deterioration was not identified and managed appropriately leading to an adverse outcome for the consumer. Timely referral to general practitioners is not always undertaken.

The Quality Standard is assessed as Non-compliant as four of the four specific requirements assessed at the visit 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 where psychotropic medications are prescribed, assessment, monitoring and review does not occur according to regulatory requirements. The Assessment Team provided examples of one consumer who is prescribed regular and ‘as required’ psychotropic medication. The consumer does not have a behaviour care plan. No behavioural strategies are identified in any other care plans. A second consumer prescribed regular and ‘as required’ psychotropic medication, has generic behavioural management strategies recorded in their care plan with no individualised strategies recorded to manage escalation of agitation prior to the provision of as ‘required medication.’ No behaviour charting was conducted following the general practitioner’s request following a medical review in February 2021.

The approved provider’s response states that the organisation has a Restrictive Practices Policy and Practice Standard that details the need to have resident specific alternative strategies to be used prior to the use of chemical restraint. This document has been provided to each registered nurse and they have been asked to comply with it. Care plans of each of the consumers requiring chemical restraint have been reviewed and individual strategies documented. The consumer who had no behaviour management care plan has had behaviour charting and a care plan completed. The other consumer who had no behaviour charting completed as requested by the general practitioner has been admitted to hospital for a review.

The Assessment Team found that the approved provider did not demonstrate that consumers at high risk of developing a pressure injury were effectively managed. While a consumer assessed as very high risk of developing a pressure injury had appropriate interventions recorded to minimise the risk of development of a pressure injury, a stage one pressure injury occurred, the Assessment Team observed them to seated in a chair for longer then two hours during the visit. There was no evidence that two hourly position changes were documented by the service other than infrequent entries within the progress notes.

The approved provider’s response states that the organisation has a robust pressure injury prevention and management framework and notes that prevention strategies ensured that the consumer’s pressure injury did not deteriorate. The response notes that position change charting has been introduced to ensure repositioning of consumers takes place as required.

The Assessment Team found that pain was not always effectively managed for consumers. A consumer who is non-verbal demonstrated signs of pain which were referred to a registered nurse. The consumer’s ‘as required’ order for paracetamol was not available to be administered and pain relief was provided seven hours after the pain was initially identified. There was no other documentation of a formal pain assessment, pain charting or non-pharmacological pain management interventions to identify, reassess or manage the pain. The most recent pain assessment was completed for the consumer in August 2020.

The approved provider response notes that a continuous improvement plan has been completed for this issue resulting in a new imprest ordering system to ensure that such an incident does not occur again. These changes will be monitored to ensure that they are effective. The consumer has had pain charting undertaken and all consumers who have been administered ‘as required’ pain medication in the last month have had pain charting commenced and pain care plans will be updated as required. Staff have received training relating to the organisation’s pain management policy and practice standard.

Whilst acknowledging the actions taken by the approved provider to ensure staff practice aligns with the organisation’s policies and practice standards relating to use of chemical restraint, management of skin integrity and pain these improvements will take time to be fully implemented. Consequently, I find this requirement is Non-Compliant.

### 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 post fall care is not always effectively managed. And provided examples of three consumers who did not have observations and assessments completed as required following unwitnessed falls. While in these instances there was no adverse outcome for the consumers, post falls risk management practices were not undertaken as required by the organisation’s policy and practice standard.

The approved provider’s response provides evidence that while not all observations were consistently recorded for consumers following the falls, each consumer was reviewed by a general practitioner and a physiotherapist after the fall and states that appropriate care was provided through ongoing observation by staff and interventions as required. The approved provider notes that staff are undertaking education regarding their responsibilities in relation to the management of consumers’ post fall, and that compliance will be monitored by management.

While noting that there were no adverse impacts for consumers, I also consider post falls management to be an area of potential risk for consumers. I also acknowledge the actions taken by the approved provider to address the deficits identified by the Assessment Team. However, these improvements will take time to be fully implemented. Consequently, I find this requirement is Non-Compliant.

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

The Assessment Team found that the acute clinical deterioration of one consumer was not appropriately recognised or responded to in a timely manner with serious impact on their health and wellbeing. Staff did not respond to the consumer’s deteriorating leg, which became blue and lost circulation, or the consumer’s loss of appetite and reduced mobility, for three days. During this time staff documented concerns, but no general practitioner review was obtained. On the third day the consumer was transferred to hospital. The consumer is now being treated palliatively.

The response submitted by the Approved Provider acknowledges and deeply regrets the incident and outlines the full investigation including an offer of open disclosure with the family, being undertaken. The internal review of the incident has found that the consumer’s clinical deterioration was not assessed or monitored by staff and five recommendations for improvement include, staff education on recognising and responding to clinical deterioration, daily monitoring of progress notes by service management, reinforcement of the need for effective communication with general practitioners and other health services about clinical deterioration, improved communication and follow through of clinical changes including handover, increased internal monitoring by management, ongoing staff education regarding clinical documentation and a human resource investigation into management and staff performance in relation to the incident.

Having reviewed all the evidence provided I find this requirement is Non-Compliant.

### Requirement 3(3)(f) Non-compliant

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

### While the Assessment Team found this requirement met, I have taken a different view. I have considered the evidence recorded under Requirement 3 (3) (d) and find that a general practitioner was not referred to in a timely manner for the consumer whose clinical condition deteriorated significantly over a number of days and led to an adverse impact on the consumer.

The approved provider’s response to the deficits related to Requirement 3 (3) (d) will also address the deficits in this requirement.

### Having reviewed all the evidence, I find this requirement is Non-Compliant.

# STANDARD 7 NON-COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Staff confirmed that there was enough staff available to do their work and they can ask for assistance from nursing and lifestyle staff when needed. Staff confirmed that they receive the training they require, management is responsive to training requests and monitoring of mandatory training occurs.

However, the approved provider was unable to demonstrate that training provided is effective and that staff are supported to provide safe clinical and personal care as evidenced through deficits identified in Standards 2 and 3 including the completion and review of care plans, management of clinical deterioration and management of other clinical areas.

The Quality Standard is assessed as Non-compliant as one of the two specific requirements assessed at this visit have been assessed as Non-compliant.

## 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.*

### Requirement 7(3)(d) Non-compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

While the Assessment team found that this requirement is met, I have come to a different conclusion. I have reviewed the evidence recorded under Standard 2 and 3 and have come to the conclusion that while staff training programs may be in place, these were not effective in supporting staff to deliver safe and effective care, particularly in responding to clinical deterioration, prevention of pressure injuries, pain management and managing consumers who require chemical restraint. I also note lack of clinical oversight in relation to correct use of the electronic clinical documentation system and general monitoring of care. I find that while the organisation has policies and practice standards in place, staff have not been supported to provide care aligned with these protocols. I therefore find this requirement Non-compliant.

The approved provider’s response to the deficits related to requirements in Standards 2 and 3 will also address the deficits in this requirement.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The organisation was able to provide:

* a documented clinical governance framework including policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure.

Staff have been educated about these policies. The approved provider demonstrated that clinical incidents resulting in significant adverse events for consumers are escalated, reviewed and improvements to minimise recurrence are developed and implemented.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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.

* Ensure all consumers have individualised care plans that are informed by assessments that include the consideration of risk.
* Ensure all staff are able to use the electronic assessment and care planning system effectively.
* Ensure care and services are reviewed regularly and that care plans are updated following incidents and when consumers’ condition changes.
* Ensure staff practice aligns with organisational policies and practice standards in relation to use of chemical restraint, management of skin integrity and pain management for consumers as required.
* Ensure staff provide post fall care for consumers as required by organisational policies and practice standards.
* Ensure consumers’ clinical deterioration is identified and responded to in a timely manner.
* Ensure staff receive effective training and support to enable them to complete assessments, care plans and reviews of consumers’ care needs and to provide clinical care, particularly in relation to use of chemical restraint, management of skin integrity and pain management for consumers as required.