Performance

Report

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| Name of service: | Ananda Aged Care Findon |
| Service address: | 2 Malken Way FINDON SA 5023 |
| Commission ID: | 6861 |
| Approved provider: | K N H Nominees Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 12 April 2023 |
| Performance report date: | 29 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Ananda Aged Care Findon (**the service**) has been prepared by A.Kasyan, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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 team’s report received 5 May 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 8** **Organisational governance** | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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(3)(a)**

* Ensure each consumer is provided effective assistance with personal care that is tailored to their needs, and effective strategies are implemented when a consumer continuously denies assistance with supports.
* Ensure appropriate interventions are in place for consumers on fluid restrictions to enable nursing staff effectively monitor and manage consumers’ fluid intake.

# Standard 3

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| Personal care and clinical care | |  |
| 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. | Non-compliant |
| Requirement 3(3)(d) | 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. | Compliant |

Findings

The Quality Standard is assessed as Non-compliant as Requirement (3)(a) has been assessed as Non-compliant.

**Requirement (3)(a)**

The assessment team found the service demonstrated effective and safe provision of personal and clinical care in relation to pain, restrictive practices, skin and wound management, with consumers and representatives reporting consumers get the care and services they need.

However, it was found the service was not able to demonstrate each consumer was receiving effective personal and clinical care, specifically in relation to supports provided to a consumer who often responds with verbally aggressive behaviours in response to staff attempts to maintain the consumer’s personal hygiene. In addition, the service did not demonstrate effective monitoring of fluid intake for consumers on fluid restrictions. The assessment team provided the following findings and evidence to support their recommendation of Not Met which is relevant to my finding in relation to this Requirement:

* One consumer was observed to have hands with dried faeces. When the consumer was observed later during the visit, they were in bed eating with their hands still covered in faeces. Staff advised, and progress notes showed, the consumer has complex needs, including social history and mental health diagnoses and often declines assistance with personal hygiene, oral and continence care.
* Staff advised, and progress notes showed, the consumer displayed verbally aggressive behaviours towards staff when they attempted to offer assistance with activities of daily living and clinical care, and this was occurring on an ongoing basis. However, this was incongruent with behaviour charts records and other documentation showing the consumer displayed no changed behaviours. The care plan did not include person-centred strategies tailored to the consumer’s needs to enable staff effectively assist the consumer with personal and clinical care.
* Fluid balance charts for two consumers on fluid restriction showed minimal oral input recorded.

The provider’s response recognises improvements are required as identified through the assessment team’s report and provided staff training records, additional information in relation to the consumers identified in the assessment team’s report and a Plan for Continuous Improvement which is being implemented to address the deficits with planned completion in June 2023. The provider’s response included, but is not limited to the following:

* Acknowledge observations of the consumer eating with dirty hands did not demonstrate effective personal care was provided to the consumer. The provider states immediate measures were put in place which included the purchase of sanitising wipes to support the consumer to independently wash their hands.
* Following the assessment contact visit, the consumer was referred to and reviewed by Dementia Services Australia who provided recommendations to assist staff with building rapport with the consumer and specific strategies that could help with the consumer being more acceptable to help.
* In addition, the consumer was reviewed by other specialists who diagnosed the consumer with a condition affecting their vision which could be an additional trigger to the agitation. Lastly, a referral to Older Adult Mental Health and Relationships Australia have been initiated.
* In relation to fluid balance charts, the provider states staff recorded the consumers’ oral intake in care notes instead of on a chart and education was provided to care staff on how to use electronic care management system.

After reviewing the evidence and information presented in the assessment team’s report and the provider’s response, I find Requirement (3)(a) Non-compliant.

While I note the provider has taken and is in the process of implementing actions in response to the information raised in the assessment team’s report, I was not provided sufficient evidence in the provider’s response to satisfy me that the service has addressed all of the deficiencies identified.

In coming to my finding, I considered consumers and representatives expressed satisfaction with personal and clinical care consumers receive and that the service demonstrated effective and safe provision of personal and clinical care in relation to pain, restrictive practices, catheter care, skin and wound management.

However, I am not satisfied each consumer is provided with effective personal care tailored to their needs. One consumer was not provided effective supports to assist them to maintain their personal hygiene which was evident through observations of poor hygiene and lack of individualised approaches used by staff to address the consumer’s resistance and promote acceptance of support while maintaining autonomy.

In addition, fluid intake charts are not completed accurately impacting effective monitoring of oral intake for the consumers requiring fluid restrictions.

For the reasons detailed above, I find Requirement (3)(a) Non-compliant.

In relation to Requirement (3)(d), the assessment team found the service identifies deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition in a timely manner and responds to it in accordance with the organisation’s policies and procedures.

A consumer representative provided positive feedback about how the service identified and responded to a consumer’s sudden change in condition resulting in a positive outcome. Staff were able to describe how to monitor and respond to consumers’ decline in mental health, cognition, or physical function in an effective and timely manner. Care planning documentation demonstrated a range of monitoring tools and assessments had been completed on entry into the service and on an ongoing basis, and were used to identify and evaluate changes to consumers’ health, condition, and abilities.

The service has policies and procedures to guide staff in recognising and responding to deterioration of consumers’ health, and staff confirmed they have been trained in applying these procedures resulting in appropriate actions taken by relevant personnel.

For the reasons detailed above, I find Requirement (3)(d) Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Consumers and representatives confirmed consumers are supported to take risks, feel safe at the service, and can live the best life they can. The service demonstrated effective risk management systems and practices, including, but not limited to, the management of high-impact or high-prevalence risks, identification and response to abuse and neglect, management and prevention of incidents and supporting consumers to live the best life they can. Assessment, review and reporting processes of care needs and incident data ensures the analysis of quality indicators of care, incident, and mandatory reporting data, with oversight by the Board and other sub-committees.

Incident reporting policies and procedures guide staff in the ongoing reporting of incidents, including incidents which have mandatory reporting obligations. All incidents are reviewed by the Director of Nursing, with incidents that require mandatory reporting transferred to a dedicated Serious Incident Response Scheme (SIRS) spreadsheet which includes additional information, such as incident details, actions taken, including consultation with consumers or representatives, actions taken to prevent reoccurrence, as well as any other additional information. Policies and procedures guide staff practice, including the engagement of providers of other services to support consumers to live the best life they can.

For the reasons detailed above, I find Requirement (3)(d) Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)