Ashmore Retreat

Performance Report

19 Allunga Avenue
ASHMORE QLD 4214
Phone number: 07 5597 1344

**Commission ID:** 5276

**Provider name:** Shalimah Aust Pty Ltd

**Assessment Contact - Site date:** 11 May 2022 to 12 May 2022

**Date of Performance Report:** 21 June 2022

# Performance report prepared by

Stewart Brumm, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

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 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 9 June 2022 and 15 June 2022.

# STANDARD 2 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

Not all requirements were assessed, as such no overall summary or rating for this Standard is provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) 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.*

This requirement was previously identified as non-compliant at the Site Audit conducted on 9 September 2021 and 10 September 2021.

The Assessment Team provided information that the Approved Provider has implemented improvement actions to address the non-compliance and identified that the Approved Provider has processes to ensure 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.

A review of care planning documentation for sampled consumers identified weekly and six-monthly reviews and case conferences are conducted for effectiveness and when circumstances change or when incidents impact on the needs goals and preferences of consumers.

Consumers/representatives sampled said staff talk to them about their care and explain information impacting their care and services. Consumers/representatives interviewed, confirmed care and services are reviewed as part of the 6 monthly review process or when the consumer’s circumstances have changed, or incidents have occurred.

Registered staff described regular review processes including a registered staff weekly review documented within progress notes, a ‘Resident of the Day’ review process which is documented within care documentation and also a 6 monthly review process of consumers’ care and service needs. This includes a clinical review by registered staff and a review of incidents. Staff are guided in this review by a checklist.

Based on the information provided by the Assessment Team I find this requirement is 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

The Approved Provider was not able to demonstrate effective management of restrictive practices.

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 provided information that consumer files reviewed, generally demonstrated care that is safe and effective. Most consumers/representatives sampled stated they are receiving care that is safe and right for them and meets their individual needs and preferences. The Approved Provider has also implemented improvement actions to address the non-compliance previously identified.

However, the Assessment Team identified the service was unable to demonstrate a shared understanding in relation to restrictive practice requirements, specifically in relation to the identification of chemical restrictive practice. Care documentation did not demonstrate a diagnosis consistent with the use of the medications, the service was unable to demonstrate informed consent and authorisation had been sought prior to the implementation of the restrictive practice.

Additionally, while staff record ‘nil other interventions were effective’, staff have not consistently demonstrated all individualised strategies have been used prior to the use of the PRN medication as a last resort. Further, these strategies are non-specific and not individualised to the consumer.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as supporting documentation. The Approved Provider acknowledges that at the time of the assessment contact visit the service was unable to demonstrate a shared understanding in relation to chemical restrictive practice. Additional improvement actions have been planned and implemented following the assessment contact including updating policies, revising processes and providing education to staff on the management of restraint.

I have considered the Assessment Team information as well as the Approved Providers response and based on this information I find that at the time of the Assessment Contact the Approved Provider was not able to demonstrate compliance with this requirement. I acknowledge the improvement actions taken by the Approved Provider, however the sustainability and effectiveness of these improvements are yet to be determined.

I find this requirement is non-compliant.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 7 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

Not all requirements were assessed, as such no overall summary or rating for this Standard is provided.

## 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.*

# 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 each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.
* Ensure improvement actions taken are sustainable and effective.