Performance

Report

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| Name of service: | Canberra Nursing Home |
| Service address: | 21 Mary St LIDCOMBE NSW 2141 |
| Commission ID: | 2081 |
| Approved provider: | Clendon Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 13 July 2023 |
| Performance report date: | 14 August 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 Canberra Nursing Home (**the service**) has been prepared by Melissa Buhagiar, 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 conducted on 13 July 2023, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service: Performance Report dated 12 April 2023 for Assessment Contact conducted 20 March 2023, Assessment Contact report for Assessment Contact conducted 20 March 2023, Performance Report dated 16 August following Site Audit conducted 13 to 15 July 2023, Site Audit report following Site Audit conducted 13 to 15 July 2023.

**Assessment summary**

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **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**

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards. However, it is noted that there were identified deficiencies relating to Requirement 5(3)(b).

**Other relevant matters:**

The Assessment Team identified deficiencies in Requirement 5(3)(b) with regard to providing a safe, clean and well-maintained environment. This was reviewed in Standard 5 Requirement (3)(b) but not assessed.

**Standard 3**

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

**Findings**

The Quality Standard has not received an overall rating as only one of the specific Requirements had been assessed and was found to be Compliant.

This Requirement 3(3)(b) was found to be Non-compliant following an Assessment Contact from 20 March 2023 to 21 March 2023. The Assessment Team identified that high impact and high prevalence risks associated with care were not being identified, monitored or managed effectively for consumers, including falls risk, weight loss and risks related to the management of mechanical restraint. The decision-maker found that effective management of high-impact or high-prevalence risks associated with the care of consumers had not been demonstrated.

In response to the findings of Non-compliance identified at the Assessment Contact from 20 to 21 March 2023, the service has implemented several actions, including revising their bed rail matrix and risk assessment questions about the bedrails, conducting a facility-wide audit of all mattresses, bed rail protectors and safety mats and purchasing new equipment.

During this Assessment Contact conducted on 13 July 2023, information was gathered through interviews, observations and document review. A review of assessment and planning documentation shows the service demonstrated they had identified high impact and high prevalence risks. These are effectively recorded and managed through regular clinical data monitoring, trending and implementing suitable consumer risk mitigation strategies.

The organisation has policies for managing complex health care needs such as a catheter, oxygen usage and diabetes management, which reflect best practice guidelines. Incident management falls management, and weight management policies guide clinicians to assess consumers regularly and when their needs change and refer them to specialists when required. All sampled consumers and representatives interviewed were satisfied with how the incidents are managed and said the consumers feels safe at the service. A registered nurse was able to describe processes to regularly monitor and provide care to consumers with high risks in relation to their complex health management, weight loss, falls and management of other incidents.

The Assessment Team reviewed a consumer who had 3 falls in the last 2 months and found that the incident report, neurological chart, and progress notes show the consumer was immediately assessed post falls by a registered nurse and promptly referred to a medical officer and the occupational therapist for review. Post-fall incident care documentation illustrates timely and appropriate incident investigation, risk assessment and management. Staff interviewed could explain the consumer’s fall management strategies. The care plan identifies the consumer as being a high risk of falls and preventative measures.

The Assessment Team reviewed the clinical indicator data for falls, which shows a gradual decrease in falls compared to previous month. The Assessment Team also identified that weights are monitored effectively, and consumers who have lost weight unintentionally are regularly reviewed by specialists such as dietitians and speech pathologists.

The Assessment Team observed referral for Dementia services Australia for consumers demonstrating behaviours of concern. The Behaviour Support Plans were populated with recommendations from Dementia Services Australia and captured that the recommended interventions have been successful.

**Standard 5**

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Assessed |

**Findings**

This Requirement 5(3)(b) was found to have deficiencies identified as listed below and has not been assessed against Compliance.

The Assessment Team observed the service environment is not safe, clean, well maintained and enabling for consumers to move freely both indoors and outdoors.

The Assessment Team observed the facility has single, double and two triple shared rooms with shared bathrooms on the ground floor. The door to the main courtyard on the ground floor where consumers can enjoy the outdoor space was locked. The facility manager said that it should not be locked and arranged for it to be unlocked and added that the area is accessible to all consumers, but few come out in the colder months.

The Assessment Team observed boards on the floor of the courtyard were significantly lifting and loose throughout the courtyard. The facility manager advised that this is planned to be fixed within the next four to six weeks. Small black bins on wheels were observed throughout the corridors of the facility which were used for dirty incontinence aids. The Assessment Team identified urine odour coming from the bins on the first floor.

The Assessment Team were advised that the shared bathrooms in the facility were being refurbished on a rolling basis and are closed during refurbishment. One shared bathroom was observed to have a leaking shower with water running along the floor and a bad stain on the floor around the toilet bowl. The facility manager advised that this bathroom was due for refurbishment next week.

On level 1 a toilet was being used as a utility area. It contained a clinical waste bin, general waste bin, empty black incontinence aid bin and various PPE items. The facility manager said the room had to be used as there was no other storage in the area otherwise staff would have to go downstairs to the storage room to obtain their PPE. The Assessment Team found that the toilet appeared to still be in use with a toilet roll placed beside it. The clinical waste bin was unlocked and contained clinical waste. The room was found to be unlocked and open throughout the Assessment Contact.

The Assessment Team observed both balconies to be dirty with bird droppings and did not appear to have been cleaned for some time despite the facility manager saying they are cleaned weekly. There was disused old oil filled heaters attached to walls in corridors, they appeared old and rusting. The facility manager said the operations manager (governance representative) does not want them removed.

The Assessment Team found that the walls and doors around the facility were badly marked and scuffed, in need of repair and/or painting throughout the facility. The linoleum on the floor of the corridor was observed to be lifting from the skirting boards.

A small courtyard was observed being used by staff. There was a pathway around the building leading to a smoking area. There were 3 bins/ashtrays overflowing with cigarette butts. There was no fire blanket nearby, but a hose was attached to a tap along the pathway. White plastic chairs were stacked outside along the pathway and observed to be dirty and not used for some time.

The service's continuous improvement plan did not identify refurbishment of bathrooms or the courtyard, however the operations manager provided a risk assessment for these. The risk report for the courtyard identified the rotting of floorboards in the courtyard, creating a trip hazard. A substantial deck repair was needed and due to begin July/August 2023. It also recommends that staff will need to check the area before allowing consumers to use it and that consumers should be supervised when they want to use the area and "if it is deemed necessary, the courtyard may need to be locked and accessed denied until after renovation".

**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**

The Quality Standard has not received an overall rating as only one of the specific Requirements had been assessed and was found to be Compliant.

This Requirement 8(3)(d) was found to be Non-compliant following a Site Audit from 13 July to 15 July 2022. The Non-compliance relevant to this Requirement reported that the organisation's risk management frameworks and policies were not implemented effectively at the service and the service's incident management system was not effective in managing and preventing incidents.

An Assessment Contact on 20 March to 21 March 2023 found that improvements have been made and that a risk management system and processes are in place and has been effective; information is being systematically recorded, analysed in detail, trended, and reported to the governing body about some outcomes for consumers. Action plans have been developed and progressed to bring about improvements and service performance in relation to aspects of the Quality Standards. However, the Assessment Team at the time found that there had not been effective oversight of high-prevalence and high-impact risk associated with the care of consumers – bed rails and bed rails as mechanical restraint and policy and process guidance has not been followed by the governing body and management in relation to consumer alleged/abuse and neglect and that there were some gaps in the effectiveness of the organisation's Incident Management System, including some of the same gaps that were noted in July 2022.

During this Assessment Contact the Assessment Team gathered information through interview with the service's management team, and through review of key documents relating to organisational governance and risk management including an updated continuous improvement plan. The Assessment Team has also considered the findings from assessing Standard 3 Requirement (3)(b).

With regard to effective oversight of bed rails and bed rails used as a mechanical restraint, the organisation's continuous improvement plan dated 24 April 2023 includes the requirement for the organisation to revise its bed rail matrix and current risk assessment questions pertaining to bedrails, to be incorporated into one document for initial completion by the occupational therapist upon admission.

The Assessment Team reviewed documentation and had discussions with the management team and occupational therapist and identified that all bed rail risk assessments have been completed and consents received from consumers or representatives. A bedrail decision matrix and risk assessment tool has been used to review consumers with bed rails, to determine their mobility needs and consumer cognitive ability. The clinical team leader or a registered nurse will witness and discuss results with families and local medical officer to ensure all parties are aware and understand the determination. Wherever possible bed rails will only be engaged after all other options are exhausted, this is ongoing and concurs with the organisation's policy and approach to mechanical restrictive practices.

The management team have provided monthly meeting minutes dating back to August 2022 and the Assessment Team note that meetings prior to May 2023 provided limited information of how the organisation is reviewing strategic and key operational risks. However, several improvements have been identified to indicate that the organisation has been moving to a more robust risk management system, including the recruitment of a quality manager and a new clinical manager. In addition, education has been provided for registered nurses on the new risk matrix tools.

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