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: | 20 March 2023 to 21 March 2023 |
| Performance report date: | 12 April 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 20 – 21 March 2023, 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 6 April 2023
* the following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service: Performance Report dated 16 August 2022 for the Site Audit conducted 13-15 July 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 8** Organisational governance | **Non-compliant** |

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.

# Requirement 3(3)(b) The approved provider must demonstrate that high impact and high prevalence risks are effectively managed with minimising the use of restrictive practices and the consideration of risks related to the use of bed rails and that appropriate strategies are developed to reduce these risks. Any use of PRN medication should be evaluated and documented for effectiveness.

# Requirement 8(3)(d) The approved provider must demonstrate that their risk management systems is effective with the consideration of risks related to the restrictive practices and that there is effective incident management and investigation when incidents occur. It must also be demonstrated that effective strategies are in place and trialled prior to the use of any restrictive practice.

# Other relevant matters:

The Assessment Team commenced this Assessment Contact at midday on 20 March 2023 and was on site for a full day on 21 March 2023. The Assessment Team was to assess the previous Non-compliance in Requirement 8(3)(d) however the scope of the Assessment Contact was increased to include Requirement 3(3)(b) based on regulatory intelligence received by the Commission.

# 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. | Non-compliant |

Findings

The Assessment Team found that the service was demonstrating effective management of high-impact or high-prevalence risks associated with the care of consumers for some of the risks for the consumers sampled, however this was not the case for all consumers.

The Assessment Team walked around the service and observed, where consumer room doors were open many rooms with bed rails in use without bed rail protectors. The Assessment Team requested a list of all consumers with bed rails, this was provided and showed that 22 of the 64 (34%) consumers have bed rails. Thirteen (20%) of them are mechanically restrained according to the register. Further information gathered for some of the consumers observed, and about use of bed rails and related risk management more generally, does not show that risks associated with the use of bed rails are being managed effectively in the care of consumers.

The Assessment Team contacted some representatives of these consumers and although the representatives were aware of the use of bed rails, there had had not been any discussion with them about the associated risks. One representative assumed there would have been a risk assessment by the staff to satisfy themselves this was appropriate.

The Assessment Team identified that risks associated with use of bed rails in the care of consumers are not being effectively managed. They are not being identified through assessment to inform decision-making about whether to use them and to inform risk management strategies if proceeding with their use.

It was not demonstrated that the use of bed rails as a restrictive practice is being minimised. A bed rail decision matrix form is being used which is oriented toward the use of bed rails, with 4 of the possible findings as ‘bed rails recommended’. It incorporates a risk matrix to guide whether bed rails may be used or are to be used. However, if the assessment findings are that bed rails are to be used (4 of the possible assessment results), there is no risk assessment to understand for the individual consumer what the risks are and whether/how they can be eliminated or mitigated. The matrix also includes prompt questions in the further assessment section about how likely it is a consumer will fall out of bed or feel insecure if bed rails are not used, noting it is not best practice to use bed rails for falls prevention.

Incident reports were reviewed over the previous three months for sampled consumers using bed rails, it was identified that an incident occurred in February when a possible fracture occurred that may have been a result of physical contact with bed rails.

The service was unable to demonstrate that pressure injury risk is well managed for one consumer with wound care not being provided to optimise wound healing and a lack of monitoring and evaluation of the progress of the wound. The wound has not improved and has worsened appearing to increase in size.

The Assessment Team identified a consumer who is being given a chemical restraint (PRN) to address erratic behaviour, however there is no evidence of other strategies trialled before the administration of the medication or a review of its effectiveness.

The approved provider responded to the Assessment Team’s report providing further clarifying information in relation to the use of restrictive practices in the form of bed rails. A copy of the Continuous Improvement Plan was provided which indicates that they will have 3 monthly reviews of the restrictive practice used and ongoing discussions to minimise the use of bed rails. The provider furnished evidence of discussion with one representative whose consumer should not have bed rails and the efforts to try and deter them having bed rails in place. The provider also advised all consumers who have bed rails were reassessed, with new consent and risks explained to their substitute decision makers. I however find that there is a tolerance by the provider in offering bed rails to consumers, where consumers can mobilise without assistance or move around whilst in bed causing risk of injury and without considering alternative strategies to bed rails. I feel it will take some time for the provider to demonstrate the minimisation of this form of restrictive practice to reflect compliance.

I find that the approved provider is non-compliant with this requirement.

# 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. | Non-compliant |

Findings

The service had an accreditation Site Audit on 13-15 July 2022. The Commission’s Assessment Team recommended this requirement was Not Met and a decision was made that this requirement was non-compliant. The service was not consistently utilising the organisation’s risk assessment matrix to inform risk assessment and management, in accordance with their relevant policies. This related in particular to the Incident Management System and the lack of incident investigation and trending, including to prevent further incidents; and serious incidents not being incorporated into the Incident Management System.

Management provided an updated self-assessment report with information about related improvements made since that time. These include revising the clinical risk assessment tools to continue to improve the current system, with related education about using these for the relevant staff and allocating particular consumers to registered nurses to complete the risk assessments. Attending to trend analysis for any consumer who has had a fall or other clinical incident. Entering serious incident data into the electronic care planning system so trends can be analysed and discussed at the management meetings. Introducing a monthly management meeting with an agenda and meeting minutes recorded. All risk associated data to be collected, collated and tabled for discussion and the clinical risk register to be maintained and revising the continuous improvement/workplace health and safety/infection control meeting agenda.

During this Assessment Contact the Assessment Team gathered information through interview with the governing body representative and the service’s management team, and through review of key documents relating to organisational governance and risk management. The Assessment Team has also taken into account the findings from assessing Standard 3 Requirement (3)(b).

The Assessment Team found that improvements have been made and there is a Risk Management Framework proportionate to the size and complexity of the approved provider’s aged care portfolio and that risk management systems and processes are in place. Some of the information shows that some of the sub-requirements or some aspects of a sub-requirement are being met.

The Assessment Team found that information is being systematically recorded, analysed in detail, trended and reported to the governing body about some outcomes for consumers and service performance in relation to aspects of the Quality Standards. This has led to action plans being developed and progressed to bring about improvements, with monitoring of progress and regular review happening during the meetings. Some improvements made as a result of this analysis include that a trend of increased urinary tract infections (UTIs) among consumers was identified. The actions included putting in place a fluid marshal program and hydration round by the diversional therapy team. The improvement was a reduction in the number of UTIs amongst consumers. Consumer call bell response time monitoring was introduced. This identified some calls were not being responded to in a timely manner. Additional care staff hours were introduced, also noting this was needed to meet minimum staffing minutes. The response times are being monitored and discussed at the meetings. The continuous improvement plan is ongoing at this time.

The governing body representative also explained he is aware of outcomes for consumers and service performance in relation to the Quality Standards on an ongoing basis, as he spends time at the service undertaking maintenance and can observe what is occurring and interact with the consumers, their representatives and the staff. He meets with the management team at least weekly, often twice weekly and sometimes more often and has daily email communication with members of the management team, as well as telephone communication. The representative has made his contact details (phone, email) available to consumers and representatives, so that they can and do contact him directly.

In summary, improvements have been made since July 2022 and there is a proportionate Risk Management Framework and supporting risk management systems and processes. This includes policy and process guidance for the governing body, management and staff to follow; and regular analysis, trending and reporting on some outcomes for consumers and aspects of service performance against the Quality Standards.

However, there has not been effective oversight of one high-prevalence and high-impact risk associated with the care of consumers – bed rails and bed rails as mechanical restraint. Policy and process guidance has not been followed by the governing body and management in relation to consumer alleged/abuse and neglect. There are some gaps in the effectiveness of the organisation’s Incident Management System, including some of the same gaps that were noted in July 2022. Review of the effectiveness of organisational risk management has not been demonstrated.

The approved provider responded to the Assessment Team’s report and provided further information in relation to the bed rails used at the service and the new risk assessment for this restrictive practice. The provider also advised that they had since reported the allegations of abuse/neglect to the Commission as a Priority 2 serious incident. I have considered the information that has been provided and acknowledge the actions that have been taken however I do not feel that there is appropriate oversight or steps to minimise the restrictive practice or that it is used as the least restrictive form. There was no evidence of investigation conducted for the consumer who sustained injury from the possible use of the bed rails or monitoring for effective risk management and safety. Therefore, this has not informed analysis and trending about consumer injuries and incidents.

I find that the approved provider is non-compliant with this requirement.

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)