Carinya of Bristol

Performance Report

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**Commission ID:** 7449

**Provider name:** Bansley Pty Ltd

**Assessment Contact - Site date:** 17 March 2022

**Date of Performance Report:** 11 May 2022

# Performance report prepared by

Janine Renna, 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 on 11 April 2022; and
* the Performance Report dated 11 May 2021 for the Site Audit conducted on 22 March 2021 to 23 March 2021.

# 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

The Assessment Team assessed Requirements (3)(b) and (3)(g) in Standard 3 Personal care and clinical care as part of the Assessment Contact. No other Requirements in this Standard were assessed at the Assessment Contact.

Requirements (3)(b) and (3)(g) were found non-complaint following a Site Audit conducted on 22 March 2021 to 23 March 2021, where it was found the service did not demonstrate:

* effective management of high impact or high prevalence risks associated with the care of each consumer; and
* minimisation of infection-related risks through implementing standard and transmission-based precautions to prevent and control infection, and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact.

The Assessment Team has recommended the service does not meet Requirement (3)(b) in Standard 3, as the Assessment Team was not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to pain.

The Assessment Team has recommended the service meets Requirement (3)(g) in Standard 3, as the Assessment Team was satisfied the service demonstrated minimisation of infection-related risks through implementing standard and transmission-based precautions to prevent and control infection, and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service non-compliant with Requirement (3)(b) and compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirements below.

### Assessment of Standard 3 Requirements

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

This Requirement was found non-compliant following a Site Audit conducted on 22 March 2021 to 23 March 2021, where it was found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to behaviours and wounds.

The Assessment Team’s report for the Assessment Contact conducted on 17 March 2022 demonstrated the service recruited a new Clinical manager in response to the non-compliance. Documentation showed the Clinical manager had reviewed and updated sampled wound assessments and plans and liaised with specialist wound services when wounds were not healing, in line with their key accountabilities.

The Assessment Team provided the following information and evidence collected through interviews, observations and documentation, which are relevant to my finding in relation to this Requirement:

* The Assessment Team sampled one consumer who experienced an unwitnessed fall which resulted in a pelvic fracture.
  + Documentation showed following the fall, a head to toe assessment was undertaken and while a skin tear on their arm was noted, no significant injuries or pain were identified.
  + As per the organisation’s policy, the consumer was reviewed by the Clinical manager the next morning, who noted they were in pain and unable to move their leg. The consumer was subsequently transferred to hospital and a pelvic fracture was identified.
  + The consumer returned to the service two days after the fall and measures were implemented to manage pain and promote healing, including an increase in medication and limiting mobilisation. Due to the consumer’s change in mobility, preventative strategies were also implemented to minimise the risk of pressure injuries.
  + Due to adverse side effects, the two medications prescribed to manage the consumer’s pain were ceased on days one and three after the consumer returned from hospital.
  + In seven days, from the time the consumer fell until commencement of the Assessment Contact, staff documented the consumer’s pain as severe on movement at least once daily when carrying out activities of daily living and repositioning for pressure area prevention.
  + Despite documenting severe pain on movement, there was no evidence the consumer’s pain management was escalated, nor that effective medications were prescribed prior to care interventions that required movement.
  + Staff demonstrated an awareness of the consumer’s pain and stated they needed to be gentle when repositioning them.
  + Management reported the consumer was on regular paracetamol, without an option for as required pain medication.
  + The consumer denied pain, however, was observed to be demonstrating discomfort when repositioning and moving their legs. The representative reported satisfaction with the consumer’s care.
  + Following feedback to management, the service contacted the medical officer and discussed alternative medications to manage the consumer’s pain on movement.

The provider did not agree with the Assessment Team’s findings and maintains that high impact or high prevalence risks associated with consumers’ care were effectively managed. The provider’s response includes the following information and evidence to refute the Assessment Team’s assertions:

* The consumer’s medication was not ceased but reviewed by a medical officer and altered. The representatives were involved in this decision, with as required analgesia frequently administered, until prescribed for regular administration.
* The consumer’s pain was frequently reviewed by the medical officer and Clinical manager. The consumer’s pain assessment and management plan were updated five days after the fall, with interventions that included administration of as required analgesia.
* An email from the representative dated nine days after the fall occurred was provided, which demonstrated their preference for strong pain killers to be ceased, with only paracetamol being administered. Additionally, the email states the service agreed to cease the consumer’s movement in relation to activities of daily living over one weekend to provide the consumer some relief.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates at the time of the Assessment Contact, high impact or high prevalence risks associated with the care of each consumer were not effectively managed.

In relation to one consumer who was experiencing pain on movement because of a pelvic fracture, I acknowledge the decision to cease their medication was made by a medical officer due to an adverse reaction and was supported by their representative. However, there was no evidence indicating alternate medications or non-pharmacological strategies to minimise the consumer’s pain were considered when their medication was ceased, despite their pain being assessed as severe.

Following the decision to cease the consumer’s pain medication, the consumer continued to experience severe pain. Staff were aware of the consumer’s pain but did not escalate the matter to appropriate personnel to initiate consideration of strategies to minimise their pain on movement.

The provider asserts the consumer’s medication was altered, not ceased, that analgesia was frequently administered, their pain was frequently reviewed by the medical officer and management, and their pain assessment and management plan was updated to include management strategies following the fall. However, no evidence was provided to support these statements. The provider’s response includes evidence the representative supported the cessation of heavy pain medication, however, the evidence demonstrates this support was provided eight and six days after the medication had been ceased.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

This Requirement was found non-compliant following a Site Audit conducted on 22 March 2021 to 23 March 2021. While it was found the service had policies, procedures and an Outbreak management plan in place to minimise infection related risks, staff did not demonstrate practices to minimise infection through standard and transmission based precautions. The Assessment Team’s report for the Assessment Contact conducted on 17 March 2022 provided evidence of actions taken in response to the non-compliance, including:

* conducting monthly infection control audits to monitor staff practice;
* staff have received training in relation to donning and doffing of personal protective equipment (PPE), coronavirus (COVID-19) and infection control;
* completion of an environmental risk assessment; and
* continual review of the COVID-19 Outbreak management plan to ensure it is in line with government directives and updates.

The Assessment Team provided the following information and evidence collected through interviews, observations and documentation, which are relevant to my finding in relation to this Requirement:

* Most sampled consumers and representatives said they were confident in the service’s ability to manage an infectious outbreak and confirmed they had received information on how to minimise the spread of infection. Consumers and representatives said they have observed staff wash their hands, and done masks and gloves before and after providing care to consumers.
* Staff said antibiotics are only administered if a consumer is symptomatic or following confirmation from testing.
* The organisation has an infection and control program, which includes procedures to guide staff in preventing and managing infections and appropriate use of microbials. The effectiveness of this program is monitored through review of infection data and resolution rates.
* Documentation showed consumer infections are monitored and discussed at clinical team and medication review meetings.
* Outbreak management plans described how the organisation will prepare for, identify and manage outbreaks.
* The service’s evaluation of a recent gastroenteritis outbreak was not available to the Assessment Team at the Assessment Contact, however, the Assessment Team noted effective infection control processes, including cohorting, isolation, staff education and monitoring of consumer health status.
* Staff were observed adhering to infection prevention and control processes, including performing hand hygiene, using PPE and screening individuals on entry.

The provider agrees with the Assessment Team’s findings; however, the provider’s response includes additional information to correct some statements in the Assessment Team’s report. I have considered these corrections and find they have no impact on my decision.

Based on the information summarised above, I find the service compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care.

# 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

The Assessment Team assessed Requirement (3)(d) in Standard 8 Organisational governance as part of the Assessment Contact. As no other Requirements in this Standard were assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

Requirement (3)(d) was found non-complaint following a Site Audit conducted on 22 March 2021 to 23 March 2021, where it was found the service did not demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact.

The Assessment Team has recommended the service meets Requirement (3)(d) in Standard 8, as the Assessment Team was satisfied the service demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents, including the use of an incident management system.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(d) in Standard 8 Organisational governance. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

This Requirement was found non-compliant following a Site Audit conducted on 22 March 2021 to 23 March 2021, where it was found the service did not demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers. Specifically, the service did not detect deficits in staff practice relating to pressure injury care and behaviour management. The Assessment Team’s report for the Assessment Contact conducted on 17 March 2022 provided evidence of actions taken in response to the non-compliance, including:

* employment of a new Clinical manager, who is responsible for monitoring incidents;
* fortnightly Multidisciplinary team meetings are held with a focus on pressure area management;
* training has been provided to staff in relation to prevention and management of pressure injuries; and
* introduction of a sensory therapy space for consumers with challenging behaviours, audible timers to support timely pressure area care and falls detection system.

The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Documentation shows reportable incidents under the Serious Incident Response Scheme (SIRS) are recognised, investigated and reported in line with legislative requirements.
* The service’s risk management framework includes policies and procedures in relation to high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents.
* Documentation showed Multidisciplinary meetings are held fortnightly and focus on consumers’ change in status and incident management.
* Documentation showed clinical data is captured and analysed to determine contributing factors, trends and patterns.
* Documentation showed preventative strategies and interventions to minimise high impact or high prevalence risks are implemented following assessment and review of incidents.
* The organisation’s risk management systems and practices did not identify one consumer’s pain on movement was not being effectively managed. Except for paracetamol, the consumer’s pain medication was ceased due to an adverse reaction. However, alternate medications and non-pharmacological management strategies were not considered despite the consumer’s pain being assessed as severe. Additionally, staff knew the consumer was in pain and did not escalate the matter to ensure strategies were implemented to minimise impact to the consumer. Refer to Requirement (3)(b) in Standard 3 Personal care and clinical care for further information.
* Incident monitoring is undertaken by the Clinical manager at commencement of each shift. As part of this process, the Clinical manager validates the reassessment and care plan.
* Staff reported, and documentation showed, staff have received training in relation to SIRS, falls prevention, medication administration and wound care.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

Based on the information summarised above, I find the service compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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)(b)**

* Ensure staff have the skills and knowledge to:
* Identify when pain is unmanaged, take appropriate action and implement strategies to minimise impact to the consumer.
* Implement appropriate processes to monitor consumers’ pain.
* Ensure policies, procedures and guidelines in relation to pain management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to pain management.