Performance

Report

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| Name: | Courtlands Aged Care Facility |
| Commission ID: | 0585 |
| Address: | 15 Gloucester Avenue, NORTH PARRAMATTA, New South Wales, 2151 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 3 April 2024 to 4 April 2024 |
| Performance report date: | 9 May 2024 |
| Service included in this assessment: | Provider: 1008 Christadelphian Homes Limited  Service: 5467 Courtlands Aged Care Facility |

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 Courtlands Aged Care Facility (**the service**) has been prepared by E Woodley, 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 (performance assessment) – 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 23 April 2024.
* the Performance Report dated 9 June 2023, following the Site Audit undertaken from 28 March 2023 to 31 March 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 8** Organisational governance | **Not 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)(a) – the provider must demonstrate clinical and personal care provided to consumers is best practice, tailored to the consumer’s needs and optimises their health and well-being. Staff practices regarding management of medications, pain, behaviours, personal care, and clinical monitoring are guided by consumer’s needs and preferences and optimises their health and well-being. Chemical restrictive practice processes are best practice, including used as a last resort after tailored non-pharmacological interventions to manage behaviour are evaluated as not effective.
* Requirement 3(3)(b) – the provider must demonstrate the high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes risks associated with medications and falls. Incidents are effectively investigated to identify interventions to minimise associated risks and reduce the risk of further incidents.
* Requirement 8(3)(e) – the provider must demonstrate the organisation’s clinical governance framework is effectively embedded in the service to ensure safe and quality clinical care for consumers. This includes effective reporting and oversight systems for the governing body to monitor the quality of clinical care, action any required improvements, and evaluate continuous improvement implemented.
* The provider must demonstrate the service has implemented all continuous improvement actions identified in their response to the Assessment Contact report.

# 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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 not compliant as two of the seven specific Requirements have been assessed as not compliant.

The service was previously found not compliant in Requirement 3(3)(a), Requirement 3(3)(b), and Requirement 3(3)(d) following a Site Audit conducted 28 March 2023 to 31 March 2023.

At the Assessment Contact conducted 3 April 2024 to 4 April 2024, the Assessment Team found while the service had implemented continuous improvement action in response to the non-compliance, this had not been effective in ensuring safe and effective clinical care and management of high impact and high prevalence risks.

While most consumers and representatives provided positive feedback regarding the personal and clinical care consumers receive, one representative did not feel their consumer was receiving safe and effective personal care. The representative provided negative feedback regarding personal hygiene care including dental care and showering. Complaint documentation reviewed identified a representative had complained in late 2023 about their consumer not receiving time-sensitive medications within the directed timeframe. The Assessment Team found the consumer continued to receive their time-sensitive medications late on several occasions in the weeks prior to the Assessment Contact, leading to potential negative impacts to the consumer’s health and well-being.

For four consumers sampled by the Assessment Team, assessment, monitoring and management of pain and/or behaviours was not tailored to their needs to optimise their health and well-being. This included ensuring chemical restrictive practice is used as a last resort after individualised non-pharmacological interventions are evaluated as not effective, and use of non-verbal pain assessment tools when indicated. For two consumers, monitoring and documentation of their wound was not in line with best practice, and for another consumer monitoring and documentation of their clinical condition was not safe and effective.

For several consumers sampled by the Assessment Team, the high impact and high prevalence risks associated with their care were not effectively managed. While the service has implemented improved processes for identifying, monitoring, and actioning improvements to high impact and high prevalence risks across the service, there were some gaps in the identification of incidents for consumers and evaluation of risk mitigation strategies. For one consumer who sustained an injury as a result of an incident, response following the incident including clinical assessment, monitoring and management was not safe and effective. The Assessment Team found limited investigation following the incident to mitigate the risk of further incidents. For another consumer, risks associated with falls and their behaviours had not been effectively managed to optimise the consumer’s health and well-being, and minimise impact to other consumers. For consumers who had experienced recent falls, while contributing factors to the falls were generally identified, it was not evident these were further investigated to identify effective strategies to prevent further falls. The Assessment Team found some incidents were not being reported by staff for escalation to management to assist with recognition and management of risks associated with consumer care.

The provider’s response to the Assessment Contact report acknowledges the improvements required regarding pain assessment, management of time-sensitive medications, behaviour management, and risk management. The provider's response identifies continuous improvement implemented by the service to improve the delivery of personal and clinical care, and the management of high impact and high prevalence risks. This includes staff education and training, development of a new high risk register, changes to medication processes with a focus on timely administration, improved clinical oversight, review of behaviour support plans, implementation of additional non-verbal pain assessment tools, and improvements to the processes for clinical monitoring and re-assessment following hospital admission. The provider’s response demonstrates they have followed up with the consumer whose representative raised concern regarding personal care, and other consumers identified by the Assessment Team with gaps in clinical care, to review and implement improvements to care. The organisation implemented a new quality role to support clinical improvements at the service, which commenced in early March 2024. The service has engaged with the Commission for additional support around improving clinical care delivery and outcomes for consumers.

While the service has identified continuous improvement action in response to the Assessment Contact, these improvements are in the process of being fully implemented and require time to ensure they are effective in rectifying the issues raised and previous non-compliance. Considering the service was found not compliant in Requirement 3(3)(a) and Requirement 3(3)(b) following the Site Audit in March 2023, I am not satisfied that the service has demonstrated delivery of best practice personal and clinical care and the effective management of high impact and high prevalence risks.

I find Requirement 3(3)(a) and Requirement 3(3)(b) are not compliant.

At the Assessment Contact conducted 3 April 2024 to 4 April 2024, service management described the systems and processes for identifying and responding to changes in consumer condition or clinical deterioration. For the consumers sampled by the Assessment Team, these processes had been implemented in timely and appropriate ways. This was evident in review of consumer care documentation, interviews with staff, observations made, and follow-up with management. For example, timely and appropriate action was taken for one consumer following an identified change in condition, including vital sign observations, clinical monitoring, testing for infection, escalation to the medical officer, and transfer to hospital. For another consumer, changes in their weight and nutritional intake was identified, with appropriate assessment by allied health staff, monitoring, and supplementation undertaken in response. I am satisfied the service’s processes for identification and response to changes in consumer condition, health and capacity are effectively implemented at the service, and informing staff practice.

I find Requirement 3(3)(d) is compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Compliant |

Findings

The Quality Standard is not compliant as one of the five specific Requirements has been assessed as not compliant.

The service was previously found not compliant in Requirement 8(3)(e) following a Site Audit conducted 28 March 2023 to 31 March 2023.

At the Assessment Contact conducted 3 April 2024 to 4 April 2024, the Assessment Team found the organisation has a clinical governance framework that includes policies and procedures on antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The governance framework includes some systems and processes for collecting, analysing, and reporting on clinical performance, and information is provided to the governing body on an ongoing basis. However, while there are organisational quality and safety systems, these are not well embedded or are not entirely effective at the service. While the service undertook education, training, and continuous improvement in response to the non-compliance identified at the Site Audit in March 2023, there was little evidence of evaluation to determine effectiveness, and similar issues were identified at this Assessment Contact. The Assessment Team found the organisation’s policies and procedures regarding incident management were not being followed effectively at the service, including for consumers experiencing falls. While the organisation’s antimicrobial stewardship policy and procedure outlines measures for monitoring clinical performance, this information was not being communicated to the governing body for their oversight.

The provider’s response to the Assessment Contact report highlights the provider’s commitment to delivering safe and quality care, however, acknowledges that additional work is required to embed the clinical governance framework into the service’s practices. The organisation has worked to engage suitably experienced and qualified staff across their clinical governance and governing bodies, including a new quality role to support clinical improvements which commenced in early March 2024. The service identified during the Assessment Contact, and reiterated in the provider's response, improved reporting on antimicrobial stewardship measures and performance which will be provided to the governing body on a regular basis.

While the governing body has an awareness of the deficits in the implementation of the organisation’s clinical governance framework at the service, and has commenced action to improve this, the service has not yet demonstrated the clinical governance framework is effectively embedded to ensure consumers consistently receive safe and effective clinical care.

I find Requirement 8(3)(e) is not compliant.

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