FINNCARE South Brisbane

Performance Report

343 Cleveland Redland Bay Road
THORNLANDS QLD 4164
Phone number: 07 3829 4857

**Commission ID:** 700055

**Provider name:** Australian Finnish Rest Home Association Incorporated

**Assessment Contact - Site date:** 20 October 2020

**Date of Performance Report:** 7 December 2020

# Publication of report

This Performance Report **may 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(g) | Compliant |

# Detailed assessment

This performance report details the Commission’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 16 November 2020.

# STANDARD 2 NON-COMPLIANTOngoing 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

Consumers and representatives interviewed said they were involved in the planning of their care and staff talked to them about their care and services. They said they were informed about the outcomes of assessment and planning and had ready access to their care plan. Consumers and representatives said staff regularly reviewed their care and services and when their circumstances change.

The service had policies and procedures relating to a consumer-centred approach to assessment and planning, including advance care planning and end of life planning.

Consumers’ care planning documents identified and addressed consumer’s goals and preferences, including advance care planning and end of life planning. Care planning documents reflected consultation with the consumer and their representatives, and the involvement of others in assessment, planning and review of consumer’s care and services.

Staff interviewed described what was important to the consumers sampled in relation to how their care and services are delivered. Staff advised they had ongoing discussions with consumers and representatives about care and services in relation to the consumers’ home care package. The service had brokerage agreements in place with other organisations, individuals and providers of other care and services, including allied health practitioners involved in assessment and planning of consumer’s care needs.

The registered nurse advised care plans were reviewed regularly and when there was a change in consumers’ needs and preferences, including on return from hospital or following feedback from consumers or representatives. A review of care planning documents identified care and services were reviewed on a regular basis or at least every 12 months. However, care plans did not consistently demonstrate care plans were updated to reflect changes.

However, the service was not consistently completing and/or documenting assessment and planning, including consideration of risks to the consumer’s health and well-being. The outcomes of assessment and planning were not consistently documented in consumers’ care plans, including assessment and planning information provided by allied health professionals.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The service was not able to demonstrate assessment and planning, including a consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services.

The Assessment Team found the service did not use validated assessment tools to inform the delivery of safe and effective care for consumers. Consumers’ care documentation did not consistently include assessment and planning information, including about the risks to each consumer’s health and well-being and planned strategies to manage risks. For example:

* Registered staff advised they use a ‘prompt sheet’ rather than validated assessment tools to collect information about consumers and the prompt sheet is subsequently destroyed rather than kept with the consumers’ documentation.
* Care planning documents for a consumer who required regular wound care did not evidence a comprehensive wound assessment had been undertaken or that validated skin integrity assessment tool had been used.
* Care planning documents for a consumer with a history of pain and falls did not evidence that a comprehensive assessment of the consumer’s risks had been undertaken.
* Care planning documents identified several consumers did not have a falls risk assessment completed.
* While management advised registered staff complete continence assessments, consumers’ care documentation did not include any completed continence assessments or management strategies, including for some consumers requiring continence management.
* For some consumers, risks to their health and well-being were not identified in their care documentation. For example, care documentation for a consumer on a level 4 home care package with complex care needs did not identify risks or strategies to manage their skin integrity, falls and infection.

Management advised the Assessment Team that the service was transitioning to a new electronic management system which would improve documentation practices around consumer assessments, care plans and case notes.

The Approved Provider’s response to the Assessment Team’s report identified corrective actions to address the deficiencies, including:

* Implemented a new Care Plan Assessment Tool used in the Approved Provider’s residential care facility which had been modified for use with home care package consumers. The Tool guides staff in the assessment of areas such as cognition, falls, mobility, continence, pain and end of life planning.
* Commenced reassessment of all consumers using the revised assessment tool and updating their care plans accordingly.
* Implemented new wound management documentation processes.
* Updated assessment and planning policies and procedures.
* Providing staff education regarding assessment and planning processes.

While the Approved Provider has commenced actions to address the deficiencies identified by the Assessment Team, including reassessing consumers using the revised assessment tool, at the time of the Assessment Contact visit the service was not using validated assessment tools, and was not consistently completing and/or documenting assessment and planning, including consideration of risks to the consumer’s health and well-being. Therefore, the service is non-compliant with this requirement.

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Non-compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

Care planning documents did not demonstrate outcomes of assessment and planning were consistently documented in consumers’ care plans. For example, for some consumers, care plans did not include information about completed assessments or strategies to manage risks, including in relation to falls and challenging behaviours.

The registered nurse said the service received reports with recommendations from allied health providers that were recorded in consumers’ case notes. The service could not demonstrate outcomes of assessments by allied health professionals were documented in care plans. For example:

* Care planning documents identified some consumers received regular physiotherapy. Assessments by physiotherapists to manage the mobility of the consumers and prevent falls were not reflected in care plans.
* A consumer used a wheel chair for all mobility and required lifting equipment for all transfers. The consumer’s care plan did not include evidence of an assessment by a physiotherapist.
* Several consumers received regular podiatry. Their care plans did not reflect the involvement of podiatrists in their care.

Consumers and representatives said they advise care staff what they needed to do. Care staff stated they were guided by the consumer or representative in the delivery of care and services to consumers.

Management advised the Assessment Team that the service was transitioning to a new electronic management system which would improve documentation practices around consumer assessments, care plans and case notes.

The Approved Provider’s response to the Assessment Team’s report identified corrective actions to address the deficiencies identified by the Assessment Team, including:

* Reviewing and updating consumers’ home care package care plan.
* Ensuring allied health assessments are recorded in consumers’ care plans.
* Providing staff education regarding assessment and planning processes.

I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team, including incorporating the outcomes of assessments by the registered nurse and allied health professionals in consumers’ care plans. However, at the time of the Assessment Contact visit, the service did not demonstrate that the outcomes of assessments were consistently documented in consumers’ care plans. Therefore, the service is non-compliant with this requirement.

### 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.*

# STANDARD 3 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 Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### 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.*

The service demonstrated infection related risks were minimised through implementing standard and transmission-based precautions. The service had policies, procedures and practices that supported minimisation of infection related risks for consumers.

Consumers and representatives said staff minimised the risk of infections by practicing hand hygiene and using personal protective equipment.

Staff interviewed by the Assessment Team demonstrated an awareness of the importance of infection control and using personal protective equipment. Staff stated they had received education and training on infection control, use of personal protective equipment and handwashing. They said personal protective equipment was readily available.

The service’s management advised they have provided the staff with access to influenza vaccinations for 2020.

The organisation has written policies and procedures relating to infection control management, including an outbreak management plan. Pre-entry screening occurs for all staff, visitors and contractors prior to entry being granted. Evidence of influenza immunisation was required prior to entry to the service.

The Assessment Team observed hand sanitizer was available and accessible for staff and visitors to the service. Physical distancing and density signage were in place and staff were observed to be socially distancing.

The Assessment Team observed copies of communication to consumers, representatives and staff relating to COVID-19 information.

# 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 2(3)(a) – Ensure assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.
* Requirement 2(3)(d) – Ensure the outcomes of assessment and planning are documented in a care and services plan.