Kanangra Hostel

Performance Report

10 Kanangra Drive
DELORAINE TAS 7304
Phone number: 03 6362 8300

**Commission ID:** 8030

**Provider name:** Aged Care Deloraine Inc.

**Assessment Contact - Site date:** 16 March 2022

**Date of Performance Report:** 26 April 2022

# Performance report prepared by

Catherine Spiller, 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)(a) | Non-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 15 April Response Received

# STANDARD 3 NON-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 Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The purpose of the Assessment Contact visit was to review non-compliance identified at the service’s Site Audit on 16 September 2021 in relation to restrictive practices. The Commission noted deficits in the delivery of effective clinical care related to identification of and the monitoring of consumers receiving chemical restraint. While the service demonstrated improvements implemented and planned in response to the non-compliance, the Assessment Team notes these improvements will take some time to monitor, evaluate and embed into staff practice.

The Assessment Team reviewed other consumers deemed high risk due to receiving care and services relating to existing pressure injuries, wounds and pain management and noted wound treatments and pain management are not always consistently monitored or documented. Although Interviews with consumers, representatives and staff, indicated care provided to these consumers is optimising their health and well-being, documentation reviews did not always reflect safe and effective delivery of clinical care. For example:

* Representatives said they are aware of discussions occurring regarding restrictive practices, however informed consent is not always documented for the use of chemical restraint and psychotropic medications.
* Although staff demonstrated an understanding of the individual clinical needs of the consumers sampled and described how they report and manage skin break down, wounds and pressure injuries they confirmed there were gaps in the reporting, monitoring and recording of skin break down and wound treatments.
* Although staff demonstrated knowledge regarding the reporting, monitoring and evaluation of consumers’ pain, documentation reviews did not demonstrate effective pain management was occurring for all consumers.
* Documentation did not always reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Documentation did not always reflect timely communication of changes in the health and wellbeing of these consumers.

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

*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.*

Overall, consumers and representatives interviewed expressed satisfaction with consumers’ care needs and preferences being met. However, the service did not demonstrate consumers receive effective clinical care which is in line with best practice or with each consumer’s needs to optimise their health and wellbeing.

Two consumers did not have documented informed consent for the use of restrictive practices. On the day of the visit, there were 33 consumers, who had not had the informed consent, behaviour support plan and effectiveness/side-effects sections of the psychotropic self-assessment tool completed.

For example, one consumer, who was prescribed psychotropic medication, did not have any evidence of informed consent for two medications documented. For another consumer, the psychotropic medication self-assessment tool did not reflect consent had been obtained, or that a support plan had been developed. In this instance, it was noted that some of this information conflicted with the chemical restraint register entries.

Two consumers receiving wound care and pain management did not have ongoing monitoring with current information being available in line with best practice and to inform effective and individualised clinical care.

For one consumer, with chronic pain, there wasn’t a pain chart in use to monitor for ongoing pain. In their response, the provider has since implemented a quality improvement process to ensure this is implemented.

In another instance, one consumer, with a chronic wound, there were inconsistencies between the intervention documented in the care plan and the wound care chart, with no wound measurements, tracings for photographs to indicate progression available in the wound chart.

I have considered the initiatives the service has implemented and noted some improvements have been achieved. However, these improvements and additional improvement to be implemented will require monitoring and evaluation as they are embedded into the organisation’s policies and procedures and in everyday staff practice, I, therefore, find the service non-compliant with this requirement.

# 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.

The service has indicated a number of areas for improvement, in their response which will need to be progressed and implemented consistently across the service.

* Assessment and documentation of informed consent and the use of psychotropic medications in line with current regulations
* Documentation in relation to pain management and wound care, that aligns with care planning interventions