Lady McCusker Home

Performance Report

27 Beddi Road
DUNCRAIG WA 6023
Phone number: 1300 582 120

**Commission ID:** 7905

**Provider name:** Amana Living Incorporated

**Assessment Contact - Site date:** 31 May 2022

**Date of Performance Report:** 25 July 2022

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# Performance report prepared by

Andrea Hopkinson, 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | 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 17 June 2022.

# STANDARD 2 Ongoing 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

The service was found Non-compliant in Requirement 2(3)(a) following a Site Audit conducted in October 2021 as it was unable to demonstrate assessment and planning, including consideration of risk was being used to inform care and services.

At this Assessment Contact, the Assessment Team reviewed the service’s plan for continuous improvement which included changes implemented since October 2021, sampled consumers’ files, conducted observations and interviewed a variety of stakeholders. As a result, the Assessment Team recommended the service was Compliant in Requirement 2(3)(a).

The Approved Provider provided a written response in relation to the Assessment Team’s report; however, it did not provide any additional information about this Requirement. Therefore, based on the information before me, I find the service Compliant in Requirement 2(3)(a) as it was able to demonstrate overall assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services.

As not all Requirements within this Standard have been assessed, an overall rating has not been provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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 Assessment Team found the service was able to demonstrate assessment and planning, included a consideration of risks to the consumer’s health and well-being and informed the delivery of safe and effective care and services. Information and evidence gathered by the Assessment Team relevant to my findings included:

* Sampled consumers and/or their representatives overall expressed satisfaction with their involvement in the assessment and planning process and strategies implemented to manage consumers’ individual risks including in relation to falls, pressure injuries, infections and restrictive practices.
* Care planning documents for sampled consumers showed clinical and allied health staff considered and discussed risks with consumers and/or their representatives during the assessment and planning process. Validated risk assessment tools including malnutrition, falls and pressure injuries were used by staff to ensure risks were identified and strategies implemented to effectively manage the risks.
* The Assessment Team followed up on consumers identified in the previous report under this Requirement and found the deficiencies in care planning had been rectified. For example:
	+ Consumer A’s care plan did not identify behaviours of concern and interventions to manage these. Assessments have since been completed and outcomes incorporated into the consumer’s care plan.
	+ Consumer’s B care plan had been updated and now included personal interests, life history and strategies to manage anxiety.

While the Approved Provider provided a written submission in relation to the Assessment Team’s report, it did not specifically provide additional information in relation to this Requirement. Therefore, based on the information before me, I find the service Compliant in this Requirement as it had demonstrated overall assessment and planning included a consideration of risk to inform care delivery for consumers.

# 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 service was found Non-compliant in this Standard, specifically in relation to the Requirement 3(3)(a), following a Site Audit conducted in October 2021 as the service was unable to demonstrate each consumer was receiving care and services which optimised their mental state, wound care or insomnia. In addition, the service was not able to demonstrate where psychotropic medication was used as a form of chemical restraint, it was recognised by the service.

At this Assessment Contact, Requirements 3(3)(a) and 3(3)(b) were assessed and the Assessment Team reviewed the service’s plan for continuous improvement which included changes implemented since October 2021, sampled consumers’ files, conducted observations and interviewed a variety of stakeholders. The Assessment Team found the service was able to demonstrate deficiencies in clinical care provision for the identified consumers had been rectified and there were effective systems and processes in place to manage high impact/high prevalence risks for consumers.

However, the Assessment Team found for two sampled consumers, their continence needs were not consistently supported and the use of a restrictive practice (mechanical) for one consumer did not demonstrate it was tailored and aligned with current requirements.

The Approved Provider provided a written response which predominately refuted the Assessment Team’s findings and also provided further clarifying information inclusive of care documentation and progress note entries.

After considering the Assessment Team’s report and Approved Provider’s response, I find the service Compliant in Requirement 3(3)(b) and Non-compliant with Requirement 3(3)(a). The reasons for my decisions are outlined below under the respective Requirements.

An overall rating of Non-compliant for this Standard has been given as one of the specific Requirements has been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### 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.*

Whilst the service demonstrated improvements made in relation to deficiencies in care provision identified at the Site Audit, the Assessment Team found care provided for two sampled consumers, showed their continence needs were not consistently supported and the use of a restrictive practice (mechanical) for one consumer did not demonstrate it was tailored and aligned with current requirements. The Assessment Team provided the following information and evidence relevant to my findings:

* Consumer C required full assistance from staff with transfers and all aspects of personal care. The consumer had a severe cognitive impairment and was incontinent. As a behaviour management intervention, a dignity suit (mechanical restrictive practice) was being worn 24 hours a day (authorised for use both day and night) in order to minimise the impact on the consumer’s dignity and other related risks associated with their incontinence.
* The Assessment Team reported initial information provided by the service on entry and via feedback sessions, identified Consumer C was on a scheduled toileting program in order to meet their continence needs and reduce the impact of the mechanical restrictive practice. Assessments and care plan information reviewed (February 2022), directed staff to shower the consumer daily and to toilet the consumer several times a day as a strategy to promote their continence and support the release of the dignity suit.
* However, the Assessment Team noted, the consumer was not released from their restraint and supported to use the bathroom in line with their care plan directives. Specifically, the Assessment Team identified:
	+ There was limited documented evidence to support regular toileting was occurring particularly on days where a shower had not been provided.
	+ Staff said as the consumer was incontinent, there was no need to toilet the consumer as their continence aid was changed when they conducted the continence rounds.
	+ Observations of the consumer did not support toileting was being undertaken as directed in the care plan, specifically after the lunch time meal.

In relation to the second consumer, Consumer D was accommodated within a secured memory support unit and shared a bathroom with another consumer.

* Mid-morning the Assessment Team observed a strong malodour to be present in Consumer D’s bedroom; the consumer’s hair to be ungroomed and was dressed in their nightie. The Assessment Team observed the consumer to shuffle towards the closed bathroom door, then turned around and walked away.
* Within the bathroom, multiple pieces of equipment were being stored, preventing free access to the toilet; the toilet was noted to be unclean and strong malodour present.
* Although staff reported the consumer was resistive to care that morning and demonstrated an understanding of strategies recommended by a dementia specialist service; staff advised the likely reason for the malodour was due to the consumer voiding in inappropriate places, and the consumer would sometimes walk into other consumers’ bathrooms.
* Staff also advised that six of 12 consumers located in the secure unit required a standing or full hoist transfer for toileting and showering and indicated this presented a challenge with current staffing levels.

The Approved Provider’s response disagreed with the Assessment Team’s findings and had refuted some of the comments and observations made about the care of consumers, specifically Consumer C in relation to their toileting requirements. Its response also outlined cleaning of equipment/facilities had been addressed at the time of the Assessment Contact and had submitted additional information by way of care documentation and extracts of progress notes regarding the care of both consumers.

The Approved Provider also reinforced other examples of where care was safe and effective for consumers as identified by the Assessment Team and reported following the visit immediate action was undertaken. Specifically, its response included the following information:

**For Consumer C**

* The Approved Provider clarified statements regarding the rationale for the dignity suit and preserving the consumer’s dignity and refuted that this did not include reference to a scheduled toileting program for the consumer. It advised at the time of the visit, the consumer was being reassessed due to a cognitive decline and was no longer able to express their needs regarding continence.
* Care documentation submitted showed continence assessments were being undertaken by way of charting and the consumer was changed and checked frequently.
* In relation to the use of a restrictive practice, the Approved Provider advised in relation to minimising the impact of the mechanical restraint, staff charted when this was removed in order to attend the consumer’s hygiene and personal care needs. It advised this was also being reviewed and interim communication occurring through the use of handover sheets to ensure staff completed restraint charting.
* Observations made of a consumer’s room with an unclean crash mat, was not the situation for Consumer C and considered this information related to another consumer. As I do not have any further information about this or impact on care delivery, I have not given significant weight to this in my decision and acknowledge cleaning of the crash mat was attended during the visit.
* Staff were encouraged to document by exception, although it reported some staff continue to document care and duties.
* It asserted that additional clinical documents submitted supported the consumer received quality care and reinforced the representatives of the consumer were satisfied with care delivered.

**For Consumer D**

* The Approved Provider outlined the consumer requires two people to assist with toileting and therefore equipment would be moved. In addition, equipment that was being trialled, had not been successful and therefore had been removed.
* Clinical staff reminded staff to ensure consumers’ bathrooms were free of clutter.
* It outlined the consumer was resistive to care and the service was following recommendations outlined by a dementia specialist service. Despite the service’s best effort to divert the consumer’s wandering behaviour, the consumer will still use other consumers’ toilets.
* It provided additional progress notes (from 31 May to 13 June 2022), completed assessments and care plans which were updated following the visit which asserted care was provided in accordance with needs and in a compassionate way for the consumer.

I have considered both the Assessment Team’s report and the Approved Provider’s response. In considering the information provided, I acknowledge a reassessment in relation to Consumer’s C continence needs was being undertaken at the end of May 2022 and representatives of the consumer were satisfied with care. However, I am not satisfied care was tailored for the consumer based on the following:

* Between February and May 2022, the care plan identified Consumer C had a scheduled toileting program. While I note the Approved Provider reported there had been a decline for the consumer, its response had not adequately demonstrated the circumstances surrounding the consumer’s care leading up to the finalisation of the assessment and updating of the care plan. Of note, I am concerned where the directive/change in care was provided to no longer toilet the consumer, including consultation surrounding this.
* Furthermore, I have also considered additional documentation submitted by the Approved Provider relating to the provision of care for the consumer. I note information contained within the updated care plan and progress notes (from 31 May to 13 June 2022), however showed some inconsistencies in care and appropriateness of interventions being implemented such as:
	+ The updated care plan did not consistently reflect strategies/interventions that align with the consumer’s assessed needs such as recognising the need to be toileted.
	+ Staff on one occasion had reported care had been delivered in accordance with the care plan which included the consumer being showered and toileted, despite the care plan noting the consumer’s needs and preferences reflected otherwise.
	+ Review by an allied health professional raised concerns regarding the appropriateness of strategies being implemented for the consumer in relation to the management of their skin integrity.
* However, given this information predominately related to care subsequent to the visit and further exploration of these issues has not been able to occur, I have not placed significant weight on these issues. I do however remain concerned how care is being informed and potentially tailored for the consumer.
* In respects to the use of the restrictive practice (mechanical restraint) and its release, I am not satisfied the service demonstrated the use of the restrictive practice, aligned with the Quality of Care Principles 2014 to ensure it was used as a last resort, for the shortest amount of time and where possible that best practice alternative strategies had been used before the use of the restrictive practice. This is based on:
	+ In March 2022, the use of the dignity suit had been increased from night to also include daytime. The circumstances for use was not tailored to promote a last resort/minimisation approach. The restraint authorisation/assessment and care plan directed the use of the dignity suit to be used day/night, with release being during the provision of continence rounds and then reapplied.
	+ The restraint assessment listed limited restraint free options to minimise the potential need for its use, one of which was a scheduled toileting program that has been ceased following the recent continence assessment.
	+ Although the Approved Provider advised restraint charting was occurring, its response had not adequately demonstrated this was occurring at the time of the visit and the overall use of the mechanical restraint was being minimised.

In relation to Consumer D, I acknowledge the consumer may not have been able to be assisted at the time and note staff were knowledgeable of the dementia specialist recommendations for when the consumer was resistive to care.

I also note that the consumer required to two staff to assist with toileting needs; the actions taken at the time of the visit including removal of equipment and subsequent assessments and updating of the care plan. However, based on the observations and staff feedback, I am not persuaded by the Approved Provider’s response that effective strategies to support the consumer’s continence were consistently in place, which included free access to their toilet.

While I acknowledge subsequent actions taken including the updating of care plans and overall the positive feedback from consumers/representatives regarding care, I am not satisfied that each consumer’s care was tailored or demonstrated alignment to current restrictive practices requirements. Therefore, based on the information before me I find the service Non-compliant in this Requirement.

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

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

The Assessment Team found the service adequately demonstrated effective management of high impact or high prevalence risks associated with the care of consumers. Evidence and information gathered by the Assessment Team relevant to my finding included:

* Consumer and representative feedback indicated consumers felt staff provided safe care that was right for them and managed the risks associated with consumer care effectively.
* Sampled consumers’ care and service plans reflected effective management of risks. Key risks were identified using appropriate risk assessments in consultation with consumers.
* The documentation reviewed included care plans, progress notes, and referrals showed once identified, risks related to the care of sampled consumers was managed in line with the consumer’s care plan specifically in relation to wound/pressure injuries, falls risk and catheter care.
* Care staff showed their awareness of the high impact and high prevalence risks for consumers within the service and discussed specific risks for the sampled consumers.
* Observations by the Assessment Team for two specific consumers sampled, demonstrated care was being providing in accordance with care plan directives .

The Approved Provider did not specifically provide a response in relation to this Requirement. Therefore, based on the information before me, I find the service Compliant in 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.

**Standard 3 Requirement 3 (a)**

* To ensure the provision of care is consistently tailored and optimises the wellbeing for each consumer.
* To ensure all forms of restraint implemented by the service support these are tailored, reflect current requirements and support a minimisation approach.