Catholic Healthcare St James Villa

Performance Report

60 Lawson Street
MATRAVILLE NSW 2036
Phone number: 02 9661 9937

**Commission ID:** 0111

**Provider name:** Catholic Healthcare Limited

**Assessment Contact - Site date:** 17 November 2020

**Date of Performance Report:** 27 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(d) | Non-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 8 December 2020.

# 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

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.

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

Consumers said they generally enjoy life at the service and staff are supportive of their needs.

The Assessment team found that each consumer does not get safe effective personal and/or clinical care, which is best practice, is tailored to meet their needs and/or care which optimises their health and wellbeing.

There have also been deficits in the identification and management of consumer deterioration in the physical, cognitive and/or mental health status.

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

The Assessment Team found that each consumer does not get safe effective personal and/or clinical care, which is best practice, is tailored to meet their needs and/or care which optimises their health and wellbeing.

Consumer feedback identified a consumer whose unmanaged behaviours appear to impact negatively on other consumers comfort and wellbeing.

Skin integrity issues and pressure injury incidence has been identified as high at the service. Unmanaged wounds have resulted in poor outcomes for some consumers. Pain has not been managed or adequately monitored.

In their response the Approved Provider provided information to address some of the issues raised by the Assessment Team. I accept that the Service has had input to care planning for sampled consumers from external sources. While I accept the behaviour management care plan that was in place at the time of the assessment contact for a sampled consumer was completed in October 2020 and includes strategies from a Dementia Services Australia review in February 2020, the Approved Provider did not provide an adequate explanation of how these strategies are being monitored and evaluated for effectiveness, nor addressed the considerable volume of consumer feedback about the negative impact of this consumer on others. While I have considered that the risk assessment for this consumer was conducted prior to the assessment contact and that the aims of the plan are to reduce the impact of his behaviours on himself and others, the documented actions to address risks only relate to his unsupervised absence from the service and the possibility of falling or injuring himself. There are no actions relating to his aggression and agitation and the impact this has on himself or others. The Approved Provider did not address the issue of minimal documentation of challenging behaviours for this consumer despite considerable consumer feedback about his impact on other consumers, nor did it refute the Assessment Teams finding that the Service staff were unaware of consumer concern about the impact of this consumer.

While the Approved Provider disagrees with the team and asserts that pain assessments were completed on a regular basis and pain managed, they did not provide documentation to support this. They also did not provide any documents relating to the wound management for one of the sampled consumers. For the sampled consumer who they did provide wound photos for, they did not describe how the information addresses the issues identified by the Assessment Team about a lack of documented strategies for prevention of repeated pressure injuries and ineffective monitoring or communication between the registered nurse and care staff who assist the consumer with daily personal hygiene. I do not accept that the information provided by the Approved Provider adequately documents a wound treatment plan.

While the Approved Provider submitted a plan for continuous improvement to the decision maker, it does not address the gaps identified by the Assessment Team for this requirement.

I am of the view that the Approved Provider does not comply with this requirement as they do not demonstrate that they provide effective personal and clinical care.

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

*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.*

The Assessment Team found that there have been deficits in the identification and management of consumer deterioration in their physical health status.

They also described in their report how the management team at the serviced acknowledged there were deficits in staff understanding and oversight of the sampled consumers wound and pain management and that staff skills required improvement and issues have not been escalated to improve outcomes for consumers.

A sampled consumer’s condition deteriorated without meaningful review or changes to his care provision. Issues included:

* Falls.
* Pain.
* Wound management.
* Chemical restraint.

In their response, the Approved Provider submitted information to address some of the issues raised by the Assessment Team. They did not provide any documentation to support that they recognised and responded appropriately to a significant deterioration in the sampled consumers wounds.

While the Approved Provider submitted a plan for continuous improvement to the decision maker, it does not address the gaps identified by the Assessment Team for this requirement.

I am of the view that the Approved Provider does not comply with this requirement as they do not demonstrate that they recognise and respond to deterioration or change in consumer’s physical condition.

# 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)

*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.*

The Approved Provider must demonstrate that:

* each consumer gets safe effective personal and/or clinical care, which is best practice, is tailored to meet their needs and/or care which optimises their health and wellbeing relating to managing behaviours which appear to impact negatively on other consumers comfort and wellbeing.
* Wounds are appropriately managed with positive outcomes for all consumers.
* Pain is adequately managed and monitored.

### 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.*

The Approved Provider must demonstrate that:

* They have resolved the gaps identified by the Assessment Team regarding deficits in staff’s identification and management of consumer deterioration in their physical health status relating to falls, pain, wound management and chemical restraint.
* They have improved staff understanding and oversight of consumers wound and pain management and that issues have been effectively escalated to improve outcomes for consumers.