Catholic Healthcare St Peter's Lane Cove North

Performance Report

3 Felton Avenue   
Lane Cove North NSW 2066  
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**Commission ID:** 0893

**Provider name:** Catholic Healthcare Limited

**Assessment Contact - Site date:** 30 March 2021

**Date of Performance Report:** 3 May 2021

# 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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 conducted on 30 March 2021, 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 26 April 2021.

# STANDARD 2 NON-COMPLIANT 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

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The Assessment Team found that overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For the sampled consumers and/or representatives interviewed, they said they are informed about the outcomes of assessment and planning, and they received a copy of the care plan or they have been offered a copy and feel confident that they can have access to their care plans when they want to.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Non-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.*

The Assessment Team found that assessment and planning generally includes consideration of consumers’ preferences, however, does not always address consumers’ current needs. Advanced care planning and end of life care planning is undertaken if the consumer wishes, however for one consumer they were not involved in the meeting about this.

The Assessment Team found for one consumer who had recent falls that the care plan does not reflect her current care needs in relation to falls management, including the identified strategies of a scheduled toileting program and hip protectors had not been added to the care documentation.

The care manager advised the Assessment Team that advanced care planning and end of life planning is also discussed and documented at the care conference. Management and registered nurses were clear about the differences between advanced care directives and advanced care plans and that only an individual with decision making capacity is able to make an advanced care directive.

The approved provider responded and furnished copies of documentation including diagnosis and medication lists with a pharmacy review for one consumer, however it did not include information of what non-pharmacological interventions should be undertaken prior to administration of the medication, behaviours that are relevant to the need for the restraint, and alternatives that have been used successfully and unsuccessfully in the care plan. The service also advised that prior to the site visit, the Physiotherapist had not recommended the use of hip protectors and following the site visit, the physiotherapist undertook a trial of hip protectors for the consumer, but the trial was unsuccessful, this does not alleviate the need for other strategies for falls management not to be updated in the care planning documentation.

I have found that although the provider has documented some consumers current needs, goals and preferences, it was not evident that this was the case for all consumers receiving psychotropic medications or sustaining falls without effective interventions used. I find that the approved provider is not compliant with this requirement as not all consumers assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.

### Requirement 2(3)(d) 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.*

#### The Assessment Team reviewed sampled care planning documents. The reviewed care plans and consumers and/or representative interviews indicate that consumers’ assessment outcomes are communicated through care conferences and documented in the consumers' care plan. Consumers and/or representatives confirmed they are offered a copy and/or informed that they can have a copy of the document if they wish. Staff confirmed the care plan copies are offered to the consumers and/or representatives or readily available to them if requested.

The Assessment Team interviewed sampled consumers and representatives who confirmed that they can access their care plan when they want to. They said staff discuss the care plans with them and discuss day to day care with them. The consumers and/or representatives said they are aware of what is in the care plans, they were offered copies of it and they can request for copies if they wish to.

This requirement was previously found to be non-compliant in a previous assessment, however the approved provider has introduced continuous improvement activities to improve access to care plans for consumers and/or their representatives with an additional information brochure developed for consumers and residents, these were observed by the Assessment Team in common areas and in the receptions area.

I have found that the approved provider is compliant with this requirement.

# STANDARD 3 NON-COMPLIANT Personal 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.

The Assessment Team found that overall sampled consumers and representatives considered that they receive personal care and clinical care that is safe and right for them in line with their preferences. They said staff and registered nurses know what they are doing, and they are confident they are receiving safe care.

The service demonstrates effective personal and clinical care in relation to management pain management, skin care and complex nursing care. However, the service has not demonstrated that falls and restraint management is best practice, tailored to the needs of the consumer or optimises their health and well-being.

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

### 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 the service has not demonstrated that falls and restraint management is best practice, tailored to the needs of the consumer or optimises their health and well-being. It was identified by the Assessment Team that there is limited, or no investigation of the causes of incidents and effective preventative measures are not developed. The organisation’s procedures for chemical restraint and psychotropic medication use are not followed.

The Assessment Team found that the service generally undertakes measures following falls which includes monitoring for pain, advising the medical officer of falls and referral to the physiotherapist. Neurological observations are not always undertaken in accordance with the organisation’s policies and procedures regarding post fall management.

The Assessment Team reviewed care plans for sampled consumers who had recently sustained falls. It was found that incident reports do not include detailed description of the incidents or investigation of the circumstances of the incident to assist in identifying contributing factors. The incident reports include a description of actions taken immediately following the falls but limited information regarding the circumstances, investigation of the causes or preventative measures

The Assessment Team found that the organisation’s psychotropic medication and chemical restraint policy provides guidance to staff about the discussion they should have with consumers or representatives regarding the use of psychotropic medication, identifying triggers for behaviours, non-pharmalogical management options, medications use as last resort and referral.

The approved provider responded to the Assessment Team report and furnished a continuous improvement plan, this plan included incident investigation and education to support assessment including contributing factors for falls management. The plan also includes a review of care plans to ensure interventions are effective and reflect adverse outcomes.

The approved provider did not dispute the findings of this requirement and although the provider has committed to improvements to be implemented for review of falls and incident investigation. I find that the approved provider is not compliant with this requirement. As at the time of assessment they did not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.

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# 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)(b) Non-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.*

The Approved Provider must demonstrate that:

Care plans are reviewed and identify the current needs, goal and preferences of the consumer and include strategies for falls management in the care planning documentation.

### 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 Approved Provider must demonstrate that:

Assessments and care plans must be updated after each fall or incident and must ensure interventions are effective and reflect strategies identified through falls investigations.

Incident management/falls management must include effective assessment to include all possible contributing factors including medications, deterioration and environmental factors and include investigation of the causes of incidents with effective preventative measures are documented.

Staff are trained and educated regarding potential side effects of psychotropic medications and significance in falls reviews.