Catholic Healthcare The Haven Residential Aged Care

Performance Report

156 Bourke Street
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**Commission ID:** 2584

**Provider name:** Catholic Healthcare Limited

**Assessment Contact - Site date:** 6 January 2021 to 7 January 2021

**Date of Performance Report:** 15 February 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 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, 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 3 February 2021.

# 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.

Overall, consumers and their representatives thought that consumers generally receive the care they need, and most representatives said that that they felt communication had improved over the past three months specifically related to when there has been a change in the consumers condition or care. Staff were able to provide examples of how they provide safe and effective care and staff from the memory support unit demonstrated they were familiar with consumers and interventions documented in their care plans.

However, care planning documents and progress notes did not consistently demonstrate that consumers receive safe and effective care that optimises their health and well-being. Some discrepancies were identified in clinical data, restraint authorisation and review processes. The service did not always demonstrate chemical restraint is used in accordance with the service’s policy and procedures and aligned with best practice with appropriate assessment, consent, monitoring and review. There were some gaps identified in pain management practice and review.

### 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 most consumers and their representatives provided positive feedback that personal and clinical care were tailored to the consumer needs and optimised their health and well being. Staff generally were able to demonstrate how the care they deliver is safe and effective and provided examples of work practices related to wound and falls management. It was noted that the service has a pain management policy and a review of three consumer care plans included complex pain management and assessment which detailed the pharmacological and non-pharmacological interventions for pain management. However, some deficiencies in pain management practice were identified and best practice protocols were not always followed.

The Assessment Team found that some consumers expressed concerns that care was not always tailored to their individual needs and that staff do not always pay close attention to comfort measures when attending to clinical care. One consumer identified deficiencies particularly in the evening for staff to assist with toileting regime. Despite staff demonstrating knowledge of wound and falls management practices, the Assessment Team found that review of documentation identified discrepancies in clinical data. Specifically, review of clinical trend data, quality indicators and the psychotropic medication register revealed medication errors, a high number of active wounds, along with chemical restraint not being used in accordance with the best practice policy and procedures of assessment, consent, monitoring and review.

The approved provider did not refute the findings of the Assessment Team and acknowledged the gaps identified. The approved provider submitted a continuous improvement plan outlining a number of actions to address the gaps to improve clinical care consistent with best practice protocols. I am of the view the approved provider is committed to addressing the issues however find this requirement to be Non-compliant.

# 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:

* They implement the actions outlined in the continuous improvement plan and review and modify if required
* They ensure staff are provided with adequate training to ensure clinical care is aligned with best practice protocols
* That the psychotropic medication register is reviewed every three months consistent with policy and procedures and that chemical restraint is aligned with best practice principles of assessment, consent, monitoring and review