Clayton Church Homes - Magill

Performance Report

43 Fisher Street   
MAGILL SA 5072  
Phone number: 08 8165 6400

**Commission ID:** 6032

**Provider name:** Clayton Church Homes Inc

**Assessment Contact - Site date:** 1 December 2021

**Date of Performance Report:** 11 January 2022

# Performance report prepared by

Michelle Glenn, 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** |  |
| Requirement 3(3)(a) | 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 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 consumers and representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 20 December 2021
* the Performance Report dated 20 August 2021 for the Assessment Contact 12 July 2021.

# STANDARD 3 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

The Assessment Team assessed Requirement (3)(a) in Standard 3 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted 12 July 2021 where it was found consumers did not consistently receive clinical care that was best practice, tailored to their needs, and optimised their health and well-being. Specifically, for two consumers it was identified that care was not consistently provided in line with medical directives or the service’s policies. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Clayton Church Homes Inc, in relation to Clayton Church Homes - Magill, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 12 July 2021 where it was found for two consumers, care was not consistently provided in line with medical directives or the service’s policies. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Conducted weekly audits of consumers prescribed insulin to identify trends or omissions and implemented actions as required.
* Reviewed diabetes management policy and procedure documents, including assessments and care plans.
* Education provided to clinical staff relating to management of diabetes, wound care and referral processes for consumers with slow or non-healing wounds.
* Reviewed wound management work instructions and distributed these to all nursing staff, outlining key roles and responsibilities.
* Implemented a Clinical nurse wound review process to ensure all consumers with wounds are reviewed weekly enabling early identification and actioning of potential issues.
* Undertaken regular audits of consumers with wounds to monitor compliance with the service’s systems and processes.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers sampled considered that they receive personal and clinical care that is safe and right for them and expressed satisfaction with management of pain, medications and specialised nursing care needs. Consumers and representatives were satisfied regular reviews by Medical officers and allied health professionals occur and they are informed of review outcomes.
* Care files sampled for eight consumers demonstrated consumers’ needs and preferences for care had been identified through assessment processes and strategies implemented were in line with best practice care, tailored to the needs of consumers and optimised their health and well-being.
* Care files sampled demonstrated appropriate management of specific areas of clinical care, including falls management, pain, continence, swallowing difficulties, diabetes, continence care and skin integrity.
* Where changes in consumers’ health and well-being had been identified, further assessments and monitoring had been implemented, referrals to Medical officers and/or allied health professionals initiated and changes to care plans to reflect consumers’ current care needs completed.
* Documentation demonstrated Behaviour support plans had been completed in line with legislative requirements for consumers requiring environmental restraint and for most consumers who are administered psychotropic medication.
* The Assessment Team noted the service had not considered bed poles, used for three consumers at their request, as physical restraint, therefore, consent and authorisations had not been completed.
* I have considered that the use of the bed poles does not constitute restraint because it does not restrict the consumer’s movement, however, I have considered that there are risks associated with the use of bed poles. I would encourage the service to ensure assessment of the use of bed poles is undertaken, risks associated with use of the bed poles discussed with consumers and/or representatives and strategies to mitigate risks developed and monitored.
* Staff sampled described how they provide care and ensure services are delivered in a safe and effective manner. Staff also described how care and services are tailored to each consumer.
* The organisation has policies and procedures relating to best practice care to assist and guide staff in delivery of consumers’ care and services.

For the reasons detailed above, I find Clayton Church Homes Inc, in relation to Clayton Church Homes - Magill, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.