John Paul II Village

Performance Report

6A Dianne Street
KLEMZIG SA 5087
Phone number: 08 8369 0377

**Commission ID:** 6125

**Provider name:** Southern Cross Care (SA, NT & VIC) Inc.

**Assessment Contact - Site date:** 21 July 2020

**Date of Performance Report:** 4 September 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(d) | Non-compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | 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 on 12 August 2020.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team assessed Standard 1 Requirement (3)(d) as part of this assessment contact visit. No other Requirements within this Standard were assessed.

The Assessment Team have recommended this Requirement is not met. Based on the Assessment Team’s report and the Approved Provider’s response I find this Requirement non-compliant at the time of the assessment contact visit. The reasons for my decision are detailed under the specific Requirement below.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(d) Non-compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

While overall the Assessment Team found the sampled consumers considered they are treated with respect, can maintain their identity, make informed choices about their care and services and live the life they choose, they also found the service was unable to demonstrate one consumer is supported to take risks in relation to their preferred diet, and provided the following supporting information:

* A consumer assessed by a speech pathologist as requiring texture modified diet and fluids following a cerebrovascular accident (CVA) told the Assessment Team they do not like the food and fluids provided to them. The consumer’s diagnoses included short-term memory loss with the most recent psychological assessment score (PAS) indicating mild cognitive impairment on 21 June 2019.
* Progress notes recorded on 14 April 2020 show an upgrading of diet texture from pureed to soft minced moist with recommended fluids remaining at mildly thick on that date.
* A speech therapy assessment completed on 18 May 2020 resulted in a decision not to upgrade diet or fluids further as the consumer had a sore mouth and was awaiting dental review. The plan following this assessment was to review in one month.
* No further speech therapy assessment had occurred at the time of the assessment contact visit.
* The service's policies and procedures in relation to managing the risks of choking do not support all consumers to take risks to enable them to live the best life they can, as clinical decisions made in relation to managing risks associated with choking cannot be changed/overruled by a person unless they are a clinical expert in the area.
* Senior management confirmed consumer choice in relation to the textures of meals and thickness of fluids cannot supersede any recommendations made by a speech pathologist and this is the organisation’s position as reflected in their policies and procedures.

On 12 August 2020 the Approved Provider submitted their response to the Assessment Team’s report, confirming the consumer referred to above had a CVA in January 2020 which resulted in their care needs becoming increasingly complex including but not limited to an impaired swallow, and variable cognition, motivation and activity levels. The Approved Provider’s response included the following information:

* The consumer was reviewed by a speech therapist on 18 May 2020 and the recommendation was for the consumer’s diet to remain the same because of an oral infection. Thickened ice-cream was added to the list of food suitable for the consumer to help meet their dietary preferences in the absence of being able to upgrade their diet, and re-assessment in one month was recommended. The consumer received dental treatment on 26 May. No further formal speech therapy review occurred between 18 May and the day of the assessment contact visit. The speech therapist’s workload contributed to this delay. The speech therapist has been asked to escalate workload delays to senior management to avoid similar delays in the future.
* On 27 July the consumer participated in a case conference with service staff and family members during which new goals of care were set and plans made to achieve them.
* The speech therapist re-assessed the consumer on 30 July 2020 and has since worked with the catering manager and catering team to develop an individualised meal plan for the consumer including pre-agreement on menu modifications to include food the consumer enjoys and can safely tolerate.
* The new plan was implemented on 31 July and is ongoing. Staff are monitoring how much the consumer now eats and how much they enjoy each meal. Staff have identified the consumer needs to be asked how they enjoyed the meal immediately after eating. If this does not occur the consumer may not remember eating or what they ate or may say they did not enjoy the meal despite finishing all food offered to them.
* Records kept since 31 July indicate the consumer is eating most meals offered to them and is telling staff they are enjoying the meals provided.
* Since the assessment contact visit the Approved Provider has updated their Swallowing Guidelines to expand on team responsibilities in managing swallowing difficulties and achieving consumer satisfaction, and on 7 August 2020 all residential service and care managers attended refresher training on managing swallowing deficits/balancing risk in a person-centred way.

I acknowledge the service has been proactive in responding to concerns identified by the Assessment Team since the assessment contact visit.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service non-compliant with Standard 1 Requirement (3)(d) for the reasons detailed below, because at the time of the assessment contact visit:

* A consumer was being provided with a modified texture diet and fluids as deemed appropriate by a speech therapy assessment. The consumer was expressing a desire to eat normal textured foods despite the outcome of the assessment.
* The service was aware the consumer wished to eat foods that presented risks to their health because of the texture but would not supply them as it was contrary to the speech therapist’s recommendations and their swallowing guidelines. I have not reviewed evidence to indicate the consumer could access food without the support of the service.
* The service did not provide documentation confirming staff spoke with the consumer to explain the risks associated with eating normal textured foods.
* The service did not implement alternative strategies to support the consumer’s wish to take the risk of eating normal food and to minimise the impact of the risk.
* Records of discussions with the consumer about the risk of eating foods deemed to be unsafe, and record of discussions to develop an individualised meal plan for the consumer to ensure they received meals which were palatable to them, were not provided.

While the consumer’s speech therapy re-assessment occurred more than one month later than recommended, delaying the opportunity for their diet to be upgraded to a texture more palatable to them, I consider this more closely aligns with Standard 3 Requirement (3)(f) which was not assessed during this assessment contact visit.

# 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 Standard 3 Requirements (3)(b) and (d) as part of this assessment contact visit. No other Requirements within this Standard were assessed.

The Assessment Team have recommended both Requirements are met. Based on the Assessment Team’s report I find these Requirements compliant. The Approved Provider’s response made no reference to these Requirements. The reasons for my decisions are detailed under the specific Requirements below.

### Assessment of Standard 3 Requirements

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

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

This Requirement was found non-compliant following a Site Audit on 18 November 2019 when an Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer in relation to diabetes management for consumers who require insulin, consumers who are at risk of seizures and for consumers who require regular blood pressure monitoring.

During this assessment contact visit the Assessment Team reviewed evidence of the service having taken the following action to address the identified gaps in care:

* Reviewed and amended their electronic medication management system to include additional space for the recording of medical directives.
* Developed a new ‘Diabetes management best practice guideline’ which the Assessment Team confirmed contains information on the management of hyperglycaemia and hypoglycaemia.
* Provided training to all clinical staff on diabetes management on 2 December 2019 and ensured all clinical staff have been deemed competent in this aspect of clinical care.
* Included discussion on the management of diabetes, the deteriorating consumer and specialised nursing needs (such as blood pressure monitoring and seizure management) at a registered and enrolled nurse staff meeting.
* Reviewed the performance of six staff and provided them with a reflective practice tool to ensure they are aware of their roles and responsibilities and are competent in diabetes management.
* Implemented a more thorough guide to responding to deterioration - ‘Part D: preventing and responding to deterioration’. This includes information on management of chest pain, constipation, delirium, dehydration, diabetes, falls, sepsis, shortness of breath, stroke/transient ischemic attack, urinary tract infection and end of life. Management reported this document was implemented six weeks prior to the assessment contact visit. Training records showed all clinical staff received training on the new guide in December 2019. Management confirmed all new staff will receive training on this document as part of their onboarding process.
* Reviewed and updated their ‘Clinical documentation and overarching procedure’ which refers to the new person-centred software recently implemented and prompts staff to be aware of specialised nursing needs and general care needs.
* Updated and further developed their ‘Nursing care needs register’ which clearly identifies consumers with specialised nursing needs. The Assessment Team confirmed consumers who are dependent on insulin, at risk of seizures or have scheduled blood pressure monitoring are having these completed as per medical officer directives.
* Implemented a new ‘Vital signs and Blood Glucose Level (BGL) parameters daily monitoring tool’ to guide staff in monitoring consumers. The Assessment Team reviewed an audit dated 20 July 2020 which confirmed 100% of consumers’ medical directives were followed as ordered.
* Updated their ‘Specialised Nursing (Residential) audit’ to include information to prompt staff to check that specified ranges (such as for blood pressures and BGLs) directed by medical officers are being followed. The Assessment Team viewed a completed audit dated 6 December 2019. Management confirmed the audit is now part of the routine audit schedule.

During interviews with the Assessment Team consumers provided the following comments in relation to this Requirement:

* Two consumers said they are at risk of falls and have mobility aids to help them stay safe.
* One consumer said they were not satisfied with the management of their nutrition and hydration. This has been addressed under Standard 1 Requirement (3)(d).
* One consumer said they have an air mattress, fall out mats, regular pressure area care and require a mechanical hoist to help manage their risk of falls and maintain their skin integrity.

The Assessment Team reviewed consumer files and confirmed those with high impact and high prevalence risks associated with their care have been identified, assessed and monitored. Initial assessment occurs using formal assessment tools on admission and re-assessment occurs six-monthly and as required. Assessments reviewed related to risk of falling, safe management of medication, wounds and pressure injuries, swallowing impairments, nutrition and hydration, pain and behaviours of concern.

The Assessment Team reviewed evidence of incidents being managed in line with the organisation’s process and include completing incident forms, commencing appropriate clinical monitoring and where required referral to allied health staff, medical staff and other service providers, such as wound specialists.

During interviews with the Assessment Team staff care staff were able to describe the care needs of individual consumers and their preferences in relation to a range of care such as personal hygiene, dietary requirements, mobility and hearing. A clinical staff member described the high impact and high prevalence risks at the service, including falls and behaviour management and that the management strategies are documented on consumers’ care plans. They were able to describe how they refer consumers to allied health professionals such as physiotherapists, wound specialists, dieticians and speech therapists. Other clinical and management staff described the handover and care planning processes.

The Assessment Team reviewed evidence confirming the service has a process in place to monitor ongoing compliance with this Requirement.

For the reasons detailed above I now find the service compliant with this Requirement.

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

This Requirement was found non-compliant following a Site Audit on 18 November 2019 when an Assessment Team found the service was unable to demonstrate changes to consumers’ hearing needs were responded to in a timely manner.

During this assessment contact visit the Assessment Team reviewed evidence of the service having taken the following action to address the identified gaps:

* Developed an ‘External Health Professional Procedure’ which provides a structure to guide staff when liaising with external health professionals, such as audiologists.
* Developed of a new six monthly ‘Hearing aid (residential) audit’. The Assessment Team viewed an audit completed on 17 December 2019 which showed seven consumers have hearing aids, they are satisfied with their aids and have had their hearing needs assessed and planned for.
* Reviewed and updated their ‘Clinical documentation and overarching procedure’ which refers to the new person-centred software recently implemented and prompts staff to be aware of specialised nursing needs and general care needs.

During interviews with the Assessment Team consumers provided the following comments in relation to this Requirement:

* Two consumers described how the service manages their hearing needs and indicated they are satisfied.
* One consumer said if they were unwell their medical officer is informed and would come and review them. The consumer said they had pain to their jaw and head and staff gave them pain relief in a timely manner which they found effective.
* Two consumers recalled seeing medical officers, physiotherapists and nursing staff when they had issues, such as pain or following falls.

The Assessment Team reviewed consumers’ files, including progress notes, assessments, care plans and medication charts, which demonstrated deterioration or change of their mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. All consumer files reviewed showed the service has completed a communication assessment to identify hearing needs.

During interviews with the Assessment Team staff provided the following examples of when they would seek additional support to help manage deterioration or changes in consumer’s needs:

* Two care staff described escalating their concerns if a consumer had a change in their current health status, such as to their mobility, nutritional intake, continence or skin integrity.
* Two clinical staff described using the service’s allied health communication book when communicating with the dietician, wound specialist, speech therapist and physiotherapist and provided examples of when they had referred consumers to allied health staff, medical officers, audiologists and opticians.
* The wound specialist confirmed they review all wounds weekly and are notified of wounds for review via the communication book or by phone.

The Assessment Team reviewed evidence confirming the service has a process in place to monitor ongoing compliance with this Requirement.

For the reasons detailed above I now find the service compliant with 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 a Quality Standard as described in this performance report.

* **Standard 1 Requirement (3)(d)**
	+ Ensure staff speak with consumers (and/or their representatives) who wish to take risks to explain the potential consequences of such risks to their health and well-being and ensure these discussions are clearly documented.
	+ Offer consumers alternative solutions which may sufficiently meet their needs and preferences without them needing to take risks.
	+ Consider allowing consumers to take risks once they or their representatives have been made aware of the possible adverse consequences to their health and well-being.
	+ Implement management strategies to minimise the risk of harm to consumers who choose to take such risks despite being fully aware of the potential adverse consequences.

# Other relevant matters

Evidence in relation to Standard 1 Requirement (3)(d) indicated a delay in a consumer’s speech therapy re-assessment occurring which I consider more closely aligns with Standard 3 Requirement (3)(f) which was not assessed during this assessment contact visit. I acknowledge the service has acted to minimise the risk of similar delays occurring in the future. I encourage the service to monitor the effectiveness of the action taken to ensure it results in sustained improvement.