Nazareth House Ballarat

Performance Report

218 Mill Street
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**Commission ID:** 4360

**Provider name:** Nazareth Care

**Assessment Contact - Site date:** 25 March 2021

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# 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)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(f) | 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 22 April 2021.

# STANDARD 2 NON-COMPLIANTOngoing 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

While the Assessment Team identified the service generally reviews care and services for consumers, staff documentation practice does not enable current care strategies to be effectively monitored and changes in care needs are not consistently reflected in care documentation.

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)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team identified inconsistent recording in complex care monitoring documentation in relation consumers living with diabetes, and supported this with evidence from five consumers.

The Assessment Team also found:

* Photographing and measuring of wounds is inconsistent. The provider’s response acknowledges this and states the organisation has reviewed the wound management plan and introduced processes for photographing of wounds to establish a baseline in acute phase and for the measuring of wounds to occur. An audit process has been implemented and communication and education for staff implemented.
* Inconsistent charting of wounds for consumers two consumers sampled.

The Assessment Team found changes in care needs are not consistently reviewed and/or reflected in care documentation:

* While a specialist external dementia services review made recommendations for a consumer, the interventions were not considered for the consumer’s care planning and staff interviewed were not aware of recommendations resulting from the review.
* Care plans for two consumers recently reviewed were not reflective of consumer’s specialised care needs. The provider’s response provided evidence these had both subsequently been addressed. The provider also stated a review of all handover sheets subsequently has occurred to ensure complex care needs are accurately reflected.
* Wound and pain charting was not commenced for a consumer with an abdominal excoriation, hand soreness and associated pain, and their mobility care plan not reflective to changes in the consumer’s transfer needs.
* For a consumer on respite care, no pain assessment or charting was commenced despite repeated administration of strong pain-relieving medication since entering the service.
* For a consumer on respite care, no assessment had been completed to assist identify pressure injury risk and no review to identify strategies to manage resistive behaviours to pressure injury care, despite deterioration in the consumer’s wound. The provider’s response notes while a visual skin assessment had initially been undertaken, a skin assessment has subsequently been completed using a validated tool. The response did not address the consumers resistive behaviours.

The provider’s response also acknowledges deficits for consumers receiving respite care and stated management have reviewed respite processes and have created the role ‘admissions liaison’ to support and educate staff complete relevant documentation at entry. Respite documentation has been reviewed.

While I note the remedial action taken by the provider since the assessment contact, I have placed weight on the evidence presented by the Assessment Team in the report, and find the service does not comply with this requirement.

# 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

While consumers and their representatives are satisfied with the clinical care provided to consumers, the Assessment Team identified each consumer does not receive safe and effective clinical care that is best practice. The Assessment Team identified deficits in diabetes and wound monitoring and management and in the timely assessment of pain in the management of consumer needs.

Care documentation for consumers sampled demonstrated other high impact or high prevalence risks associated with the care of each consumer is managed effectively. Consumers and representatives interviewed expressed satisfaction risks related to the consumer’s their care are effectively managed. Care staff demonstrated knowledge of the individual risks that may impact consumers.

Care documentation reviewed indicated changes in consumers’ condition or needs were recognised and responded to in a timely manner. Staff described how they review daily and communicate information about a change or deterioration in a consumer’s condition. Care staff said registered nurses review consumers when advised of changes.

Consumers and representatives are satisfied consumers are referred to individuals, other organisations and providers of other care and services when needed and in a timely manner. Nursing staff described how they access a range of allied health and specialist services. Documentation demonstrates timely referral, however for one consumer there was a delay in review by the physiotherapist and medical practitioner.

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 a number of examples to indicate each consumer does not receive safe and effective clinical care that is best practice.

* The Assessment Team reviewed five consumers who require directives to manage their diabetes. Staff practice deficits were identified for all five consumers in relation to current blood glutose level monitoring and in the administration and recording of insulin medication. The provider’s response acknowledges the deficits and has commenced education for staff in relation to the areas identified, and diabetes is now included as part of mandatory education.
* While a recent reviews for a consumer with an indwelling catheter has resulted in specific instructions for care, staff do not consistently complete fluid balance charting. The provider’s response acknowledges the deficit and has commenced education for staff.
* For a consumer who recently entered the service for respite care, no pain assessment or charting was commenced, despite being administered strong pain-relieving medication on 11 occasions in the 21 days since entering the service. The provider’s acknowledges the evidence and states pain charting commenced post visit helped identify the cause which has been addressed in consultation with the consumer’s general practitioner.
* A respite consumer developed a stage one pressure injury that deteriorated and reclassified as ‘deep’ over a period of two weeks. While progress notes recorded pain may be trigger for pressure care resistive behaviours, no assessment/charting of pain has occurred or strategies established to manage resistive behaviours. The provider’s response provided evidence that pain charting had occurred in February 2021 and pain management strategies put in place. The response does not state whether this had addressed the consumer’s resistive behaviours.
* Medication charts for a consumer showed 11 occasions of a regular blood pressure medication not being administered in February and March 2021. The Provider’s response not address this.
* Recommendations from a specialist external dementia services to reduce the responsive behaviours of a consumer reviewed were not implemented, and staff interviewed were not aware of recommendations resulting from the review. The provider’s response stated the service is subsequently trialling child representation therapy as one of the interventions recommended.

While the deficits identified are largely drawn from documentary evidence, I am concerned about the potential impact for consumers posed by staff monitoring practices. I am concerned about the deterioration in the above consumer’s wound and the potential impact for consumers in diabetes management practices.

While I acknowledge the action taken by the provider since the Assessment Contact to address the deficits in staff practice and processes to support monitoring of consumers, the outcomes of these actions are yet to be evaluated.

Thus, I find the service is Non-compliant with this requirement.

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

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

### 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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

# 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)(e) Non-compliant**

* Ensure effective staff documentation practice that enables effective review of complex care needs.
* Ensure changes in care needs are consistently reflected in care documentation.

**Requirement 3(3)(a) Non-compliant**

* Ensure effective processes and staff practice to manage and monitor consumers living with diabetes
* Ensure processes introduced since the visit for the monitoring and management of wounds are effective.
* Ensure pain and other relevant assessments are timely and relevant to consumer circumstances.

# Other relevant matters

While the Assessment Team did not assess Standard 3 Requirement (3)(g), the Assessment Team used the Commission’s Infection Control Monitoring Checklist to review the service’s COVID-19 outbreak preparedness. The checklist identified gaps in the service’s outbreak management plan, information signage, staff face covering practice, and, availability of sanitising wipes for high touch areas.