Nazareth House Ballarat

Performance Report

218 Mill Street   
BALLARAT VIC 3350  
Phone number: 03 5329 5100

**Commission ID:** 4360

**Provider name:** Nazareth Care

**Assessment Contact - Desk date:** 12 November 2021

**Date of Performance Report:** 19 December 2021

# Performance report prepared by

Adrian Clementz, 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

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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 |

# 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 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received 13 December 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

The service was found non-complaint in one of the specific requirements under this Quality Standard at the last visit.

The focus of this assessment contact desk was to assess the service’s progress in returning to full compliance with the Quality Standards.

While the service demonstrated that actions have been taken to address the issues previously identified, the Assessment Team found through the sample of consumers reviewed deficits in the service’s processes and practices for the monitoring and review of skin integrity, wounds and pain. The provider acknowledged areas for improvement and the response included a plan of action.

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 found while the service implemented improvements to address deficits previously identified, this has not been effective in all aspects of the requirement. Of five consumers sampled by the Assessment Team, deficits were identified for three of these consumers in relation to monitoring and/or review of wounds, pain and skin integrity.

The provider’s response acknowledges the service is still embedding new processes implemented to improve the review of care and services, most specifically the transition from a paper-based to electronic care documentation system that includes an electronic pain monitoring tool. The provider’s response included a comprehensive plan of remedial action to address deficits identified by the Assessment Team for the consumers sampled, and in relation to consumers in general. Additional actions include additional staff education, auditing of consumer monitoring tools and documentation, and processes to improve communication between shifts. The provider emphasised their commitment to meeting the Standards.

I acknowledge the progress made by the service and the remedial action taken at the time of, and since, the assessment contact. The provider recognises staff practices and new documentation processes are not yet full embedded and effective. I have taken this into account with the evidence identified by the Assessment Team in forming a view the service is not yet compliant with this requirement.

Thus, I find the service Non-compliant with the 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

The service was found non-complaint in one of the specific requirements under this Quality Standard at the last visit.

The focus of this assessment contact desk was to assess the service’s progress in returning to full compliance with the Quality Standards.

While the service demonstrated that actions have been taken to address the issues previously identified, the Assessment Team found the service did not demonstrate consumers sampled receive clinical care that is best practice, tailored to their needs and/or optimises their health and well-being in relation to the management of pain, wound, skin integrity and diabetes.

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 while the service implemented improvements to address deficits previously identified, documentation reviewed for consumers sampled indicated staff practices are not always best practice, tailored to consumer needs and/or optimises their health and well-being. This was supported by evidence relating to the management of pain, wounds, skin integrity and diabetes. Evidence included:

* Wound management does not always occur in line with service’s processes, skin integrity breaches not always recognised, and, incidents raised consistently.
* Pain is not always identified, charted, monitored, managed and/or evaluated effectively including in relation to skin care and wounds.
* Pain assessments sampled are generally incomplete including the lack of identification of non-pharmaceutical strategies.
* Diabetic care is not always delivered in line with orders and there are inconsistent practices and staff guidance for the management of blood glucose levels at specific readings.

The provider’s response acknowledges shortcomings in staff practice and process identified by the Assessment Team and has commenced comprehensive remedial action to address these deficits. Action implemented includes education for staff in the areas identified by the Assessment Team; the introduction of guidelines for staff where relevant; the implementation of new pain monitoring and assessment tools; and, review of care for consumers identified in the report.

The service continues to progress transition a new electronic care management system with decreasing reliance on paper documentation.

The provider’s response emphasised a commitment to ensuring high quality care.

I acknowledge the progress made by the service and the remedial action taken at the time of, and since, the assessment contact. The provider recognises staff practices and new documentation processes are not yet full embedded and effective. I have taken this into account with the evidence identified by the Assessment Team in forming a view the service is not yet compliant with this requirement.

Thus I find the service Non-compliant with the 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 the Quality Standards as described in this performance report.

**Requirement 2(3)(e)**

* Ensure documentation reflects consumers’ care status following scheduled review and when their circumstances change.
* Continue to implement remedial actions commenced as per response to assessment contact report.

**Requirement 3(3)(a)**

* Ensure effective processes and staff practices for identification, monitoring, managing and evaluating pain.
* Ensure effective processes and staff practices for management of wounds and skin integrity.
* Ensure effective processes and staff practices for the management of diabetes.
* Continue to implement remedial actions commenced as per response to assessment contact report