Ocean Star Aged Care

Performance Report

207 Ocean Drive
BUNBURY WA 6230
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**Commission ID:** 7249

**Provider name:** Catholic Homes Incorporated

**Assessment Contact - Site date:** 7 October 2020

**Date of Performance Report:** 13 January 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 |
| Requirement 3(3)(g) | 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 4 November 2020.

# 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

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The purpose of the Assessment Contact was to assess Requirements (3)(a) and (g) in relation to Standard 3 Personal care and clinical care. All other Requirements in this Standard were not assessed, and an overall assessment of the Standard not completed.

The Assessment Team found the service has an effective infection control management system which includes current guidelines to direct staff practice in relation to managing infections and infection outbreaks. The service has policies and practices in place to support antimicrobial stewardship.

The Assessment Team found the service did not demonstrate restraints and medications were consistently managed in line with best practice and have found the service does not meet Requirement (3)(a). I agree with the Assessment Team and find the service Non-compliant in Requirement (3)(a) in relation to Standard 3 Personal care and clinical care and have provided reasons below.

### 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 the service did not demonstrate best practice to ensure safe and effective clinical care in relation to use of restraint for three consumers and medication management for one consumer. Evidence included:

* Three consumers who are mobile are on low beds and have not had monitoring or review of the use of the restraint since July 2020. One of the three consumers had not had an authorisation or consent to use the restraint completed. Documentation shows the consumer is mobile and the low bed has been implemented to prevent falls and manage restless behaviours at night. Staff and management did not demonstrate knowledge of the use of low beds as a restraint in line with the policy and procedure or restraint principles.
* One consumer on time sensitive medication to manage symptoms of Parkinson’s disease is not administered the medication in line with best practice. In a five-week period prior to the assessment contact the consumer had been administered the time sensitive medication up to an hour late on 17 occasions. The consumer confirmed the medications are at times administered late by staff. The service had not identified the medications were being administered late and had not completed incident forms or a review of the medication administration.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have provided evidence of actions implemented to address the deficits including staff knowledge and practice. Improvements and actions implemented included:

* A restraint authorisation and assessment has been completed for the consumer identified.
* Staff have been provided training on restraints which the service plans to complete with staff every three months.
* A monitoring record has been implemented to record and monitor restraints in use.
* Staff have been provided a copy of the restraint policy and procedure.
* Alternative strategies to prevent falls are being reviewed for the consumer.
* Staff have received education and training in relation to medication management including completing medication competencies.
* Additional training is planned in relation to time sensitive medication administration.
* A review of the times of administration for the time sensitive medications has occurred.
* Training on completing medication incident forms including in relation to medications administered late.

The service has implemented appropriate actions to address the deficits identified by the Assessment Team. However, at the time of the assessment contact the service did not demonstrate staff practice in relation to medication management for one consumer was in line directives or best practice administration of Parkinson’s disease time sensitive medication. The service had not identified the deficit in staff practice and knowledge in relation to the safe delivery of Parkinson’s medications. The service did not demonstrate best practice knowledge or practice in relation to the use of low beds and one consumer did not have an authorisation or consent to use the low bed as a restraint to restrict their free movement. Improvements will need to be monitored to evaluate the effectiveness and improvement in staff practice.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# 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.

* Standard 3 Requirement 3(3)(a): Ensure staff deliver medications in line with best practice and in line with directives, including time sensitive medications. Ensure restraints are identified and assessed in line with the service’s policies and procedures and in line with best practice.