St Catherine's Aged Care Services

Performance Report

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**Commission ID:** 1470

**Provider name:** St Catherine's Aged Care Services

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

**Date of Performance Report:** 3 August 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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.
* the provider’s response to the Assessment Contact - Site report received 24 July 2020.

# 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 unable to demonstrate effective management of consumers with a high prevalence risk of developing a pressure injury, or that their deterioration was always promptly identified or responded to in a timely manner.

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 provided information that of consumers randomly sampled, all confirmed they get the care they need always or most of the time. Consumers reported feeling safe and confident they are receiving quality care. The service was able to demonstrate that there had been improvements in wound management policy and procedures around the identification, photography and description of wounds.

However, the service was unable to demonstrate effective management of named consumers with a high prevalence risk of developing a pressure injury, or that their deterioration was always promptly identified or responded to in a timely manner.

The Approved Provider provided a response that including clarifying information to the Assessment Teams report as well as a skin care policy, skin integrity and wound flow chart, templates for a register high risk prevalence of pressure injury and checklist for cert high risk register. The Approved Provider also provided action plan outlining improvement activities to be undertaken.

I have considered both the Assessments Teams report and the Approved Providers response and I find that at the time of the assessment contact the service did not have effective systems for the management of high risk of pressure injury to consumers. For named consumers, at the time of the assessment contact, they were not provided with care tailored to their needs or provided care that optimized their health and wellbeing.

I note the improvement activities outlined by the Approved Provider to address these matters, and whilst these improvements should address the identified deficits, the effectiveness and sustainability of these improvements has yet to be tested.

I find this requirement is non-compliant.

# 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.

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.
* The Approved Provider is to implement the improvement activities as outlined in the action plans received on 24 July 2020.
* The Approve Provider is to monitor the improvement activities to ensure their effectiveness.