St Elizabeth Home

Performance Report

1 Symonds Road
DEAN PARK NSW 2761
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**Commission ID:** 0023

**Provider name:** St Elizabeth Home Limited

**Assessment Contact - Site date:** 14 October 2020

**Date of Performance Report:** 4 December 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**

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| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | 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 and others.
* the provider’s response to the Assessment Contact - Site report received 4 November 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**

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

While most consumers and representatives sampled during the performance assessment considered that the consumer receive personal care and clinical care that is safe and right for them, complaints and other records showed issues around personal and clinical care continued to occur.

While the organisation’s approach to assessment and planning aims to support appropriate outcomes for the consumers, this is not always achieved for the sampled consumers identified with high impact risks.

Each consumer does not always get care that is safe or effective or optimises their health or wellbeing. Consumers were reportedly exposed to and were subjected to unreasonable use of force on several occasions.

High impact and high prevalence risks related to and including behaviour, skin integrity, pain management and general clinical care are not always minimised or effectively managed for each consumer.

Consumers who are on chemical and/or other forms of restraint are not appropriately identified or managed in line with restraint minimisation guidelines.

The Quality Standard is assessed as Non-compliant as two 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 demonstrated that sampled consumers did not receive safe and effective personal or clinical care that is best practice, tailored to their needs, and optimises their health and well-being.

While the Assessment Team acknowledged that efforts have been made to address deficiencies identified during the performance assessment report dated 15 June 2020, the team identified several issues requiring further attention, including allegations that consumers have been subjected to unreasonable use of force or have been physically assaulted, complaints related to personal and clinical care for consumers, use of restraint, pressure area care, and pain.

The approved provider provided a response that included additional information clarifying and correcting some information in the report, evidence of investigations, new policies and procedures implemented and corrective actions that have occurred since the assessment contact, including education provided, and general improvements being conducted at the service. I note the Approved Provider has refuted many of the findings of the assessment team and provided additional information in that submission.

I have considered and accept some of the Approved Providers evidence has mitigated elements of this requirement, such as pain management, some elements of restraint minimisation, and feedback and complaints regarding personal and clinical care for consumers.

I have considered the Assessment Teams report and the Approved Providers response. The Approved Provider has agreed with some of the Assessment Team’s findings in regard to compulsory reporting, minimisation of restraint, and pressure area care, and has commenced a number of improvement activities, since the audit, to address these. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I find this requirement is non-compliant as each consumer does not get 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.

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

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

The Assessment Team found that the service did not effectively manage high impact or high prevalence risks associated with the care of each consumer.

While the Assessment Team acknowledged that efforts have been made to address deficiencies identified during the performance assessment report dated 15 June 2020, the team identified several issues requiring further attention, including behaviour management, medication management, nutrition and hydration and risk of choking, managing pressure injuries, and ongoing concerns relating to consumers identified in the 15 June 2020 report.

The approved provider provided a response that included additional information clarifying and correcting some information in the report, evidence of investigations, new policies and procedures implemented and corrective actions that have occurred since the assessment contact, including education provided, and general improvements being conducted at the service. I note the Approved Provider has refuted some of the findings of the assessment team and provided additional information in that submission.

I have considered and accept evidence supplied by the approved provider that shows management and staff at the service are aware and understand their responsibilities related to the use of psychotropic medications for behaviour management and the minimisation of restraint, and the follow up of previously identified consumers in the previous report. The approved provider acknowledged the issues identified in relation to behaviour management, medication management and nutrition and hydration and risk of choking, and management has commenced a number of improvement activities, since the audit, to address these. I recognise the work undertaken by the service specifically in relation to behaviour management. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I find this requirement is non-compliant as the approved provider cannot demonstrate effective management of all high impact or high prevalence risks associated with the care of each consumer.

**STANDARD 8 NON-COMPLIANT
Organisational governance**

**Consumer outcome:**

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

**Organisation statement:**

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

**Assessment of Standard 8**

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

As noted at the previous assessment contact on June 2020 the organisation did not have effective risk management systems which resulted in deficits in identifying and taking action in a timely manner regarding behaviour management, abuse and neglect of consumers and supporting consumers to live the best life they can. The organisation’s risk management framework is still currently under development and has not yet been evaluated. New policies reflecting a risk management approach have been issued but education is still to be provided for staff.

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

**Assessment of Standard 8 Requirements**

**Requirement 8(3)(d) Non-compliant**

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team found that the service was unable to demonstrate their risk management systems and processes are sufficiently established to always effectively manage high impact and high prevalent risks for some consumers. Please refer to Standard 3, Requirement 3(a) for further information on how the service did not demonstrate effective personal and clinical care for consumers. Please refer to Standard 3, Requirement 3(b) for further information on how the service did not demonstrate effective management of high impact and high prevalence risks for each consumer.

The Assessment Team found a risk management framework was still being developed. As part of this process a suite of policies has been obtained from an aged care industry peak body. These policies are currently being rolled out and education progressively implemented for staff.

The approved provider provided a response that included additional information clarifying and correcting some information in the report, evidence of investigations, new policies and procedures implemented and corrective actions that have occurred since the assessment contact, including education provided, and general improvements being conducted at the service. I note the Approved Provider has refuted some of the findings of the assessment team and provided additional information in that submission.

I have considered the Assessment Team’s report and the Approved Provider’s response. I note improvement activities have occurred, some after the audit which continue to be implemented. I acknowledge the improvements the service has implemented. I note that the Approved Provider has not refuted many of the Assessment Team’s findings at the time of the audit and acknowledge they still have improvements to be embedded.

For the requirement, the service has effective risk management systems and practices, I find this requirement 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.

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

*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.*

Restraint

* The service is able to identify what constitutes a chemical or physical (environmental) restraint, and any risks associated with the use of these restraints. These are clearly explained to stakeholders; the relevant consent is obtained and the need for any restraint is regularly reviewed for each consumer.

Pressure Area Care

* Consumers at risk of pressure injuries are identified and appropriate strategies are in place and adhered to by staff, with management ensuring that pressure injury risk is minimised for consumers.
* All wound management is reviewed by a suitably trained person and staff trained and equipped to provide effective wound care in accordance with best practice and the service’s policies and procedures.

Compulsory Reporting

* All staff are aware of their reporting requirements relevant to their role, and protections available to staff for being able to report without consequence.

**Requirement 3(3)(b)**

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

Behaviour management

* All stakeholders involved in behaviour management are aware of all triggers, goals, and strategies including non-pharmacological for consumers, and these are documented.
* Behavioural care plans are individualised and effectively assist consumers in achieving life goals and preferences. Management and staff utilise external providers and specialists effectively in assisting the service provide best practice in behaviour management.

Medication administration

* All staff, and stakeholders (General Practitioners, Pharmacy) associated with medication administration are aware of, and understand their responsibilities in managing consumers medications safely and correctly.
* Management and staff actively reduce medication errors and ensure all medication incident reports are completed and strategies implemented to reduce errors.

Nutrition and hydration

* Staff involved in the delivery and observation of consumers nutrition and hydration are aware of their responsibilities in identifying and managing swallowing difficulties of consumers, and the prompt intervention and documentation of any changes affecting a consumer’s nutrition and hydration.

**Requirement 8(3)(d)**

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*
* Implement robust and effective risk management systems and practices that identify and assess risks to the health, safety and well-being of consumers and enable high impact or high prevalence risks to be managed and minimised to support consumers to live the best life they can.