St Elizabeth Home

Performance Report

1 Symonds Road
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**Commission ID:** 0023

**Provider name:** St Elizabeth Home Limited

**Assessment Contact - Site date:** 25 March 2021 to 26 March 2021

**Date of Performance Report:** 20 April 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)(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 19 April 2021.

# 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

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.

Some sampled consumers/representatives do not consider that consumers receive personal care and clinical care that is safe and right for them.

* Some consumers/representatives report they never or some of the time get the care they need.
* Some consumers/representatives said they never or some of the time feel safe.
* Some consumers/representatives said staff never explain things to them.

The Assessment Team also identified that consumers have not consistently received clinical care that is best practice and optimises their health and wellbeing, particularly in regards to pain management and chemical restraints.

The Assessment team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### 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 reviewed a sample of care planning documents and identified consumer care that was not best practice, tailored to a consumer’s needs, or optimised to their wellbeing. For example, they identified consumers’ who did not receive proper management in relation to their falls, pain, blood pressures, chemical restraints, or suicidal ideations. The team also identified that there were some discrepancies in the documentation of chemical restraints, and the available information did not indicate that non-pharmacological interventions are used prior to administration of a chemical restraint at the service.

The Assessment Team also interviewed a sample of consumers and/or representatives who provided mixed feedback. Many responded positively about their care and services. However, some consumers and/or representatives said they either ‘never’ received or only ‘sometimes’ received the care they need, that they do not feel safe, or that staff do not explain things to them. A few commented that they were unable to receive quality care as they were not able to communicate their needs due to language barriers and have described how it has affected their care in relation to pain, falls, and weight loss. Staff interviewed were able to give examples about managing concerns about consumers’ care, but most expressed concern about a lack of time to provide adequate clinical and personal care.

The service has since responded with further information that demonstrates they had satisfactorily managed the clinical care in relation to some of the consumers of concern identified by the Assessment Team. The service has also stated they employ bilingual staff and there are available communication tools such as the Translating and Interpreting Service (TIS), flash cards, and others to help staff communicate to consumers.

However, some concerns remain outstanding. For example, they were unable to demonstrate that pain management and the use of chemical restraints were managed as per best practice at the time of the assessment. The service has since updated their documentation relevant to chemical restraints, has put in place a process to review psychotropic medications, and are in the process of customising their processes for pain management to ensure it meets best practice.

I find this requirement Non-Compliant.

### 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 reviewed a sample of care documentation and identified concerns in relation to falls management, medication management, and behaviour management. Staff interviewed were able to describe the most significant clinical or personal care risks, although they spoke of their inability to provide appropriate care due to workload.

The provider has since responded with further information demonstrating most behaviour incidents received interventions and were documented, and they note that the number of behaviours incidents in the service have trended downwards which may imply effective management. The provider also demonstrated that some consumers identified with falls did receive investigation and interventions to prevent reoccurrences.

However, the service did not demonstrate all consumers identified with repeated falls had consistently undertaken completed pain assessments, post fall observations, and skin assessments for some identified consumers. They also did not demonstrate they had a documented post-fall protocol for staff to follow, although the service stated they are now in the process of reviewing and customising one. Furthermore, the Assessment Team had identified a deceased consumer who did not receive a medicine expected to be administered as listed on their hospital discharge summary, and the provider did not provide any further information demonstrating proper medication management.

I find this requirement Non-Compliant.

# STANDARD 8 NON-COMPLIANTOrganisational 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).

The Assessment Team acknowledge that the organisation has undertaken work to develop policies and provided education to key staff on topics related to a risk management system. However, the Assessment Team noted deficits in the identification of risks for consumers which have subsequently impacted on the care being provided to consumers which indicates that an effective risk management system is not yet fully effective.

## The Assessment team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## 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 identified that the service does not have an effective risk management system, and that it has resulted in deficits in responding and management of high impact or high prevalence risks impacting on the care of consumers, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can.

However, the team acknowledges the service is currently undertaking improvements of their systems. The service has responded similarly and have stated the refinement of their risk management system and practices is on their continuous improvement plan. They state that management continues to revise their procedures and processes and deliver education, with the objective of eliminating gaps in clinical care. They have also provided various examples of improvements made to improve their risk management system.

I also acknowledge that the service is progressing towards improvements of their risk management system, although further time is required to see if the changes will effectively and sustainably manage risk in the service.

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.*
* Ensure that pain is regularly and appropriately assessed and monitored in consumers
* Ensure best practice with chemical restraints are followed, inclusive of supporting the use of non-pharmacological interventions prior to the administration of a chemical restraint

### Requirement 3(3)(b)

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

* Ensure the post-falls protocol is developed, and falls are appropriately managed with appropriate monitoring/interventions delivered on a consistent basis
* Ensure medicine management is delivered according to best practice

### 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.*
* Ensure the risk management systems continue to be developed to effectively manage high impact or high prevalence risks associated with the care of consumers