St George Aged Care Centre

Performance Report

3 Verdun St
BEXLEY NSW 2207
Phone number: 02 8566 1400

**Commission ID:** 2558

**Provider name:** Marlowe Homes Pty Ltd

**Assessment Contact - Site date:** 26 May 2021

**Date of Performance Report:** 17 June 2021

# 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | 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 11 June 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.

The Assessment Team found the service does not effectively manage all high impact high prevalence risks for each consumer. There is not always enough care staff to provide required care and some staff require more training and knowledge in providing care to consumers with high impact high prevalence risks. Feedback from some sampled consumers and their representatives supported this. There are no specific policies and procedures for management and governance of acute clinical care, analysis of incident data and trend summary processes.

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)(b) Non-compliant

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

The Assessment Team provided information that the service does not have effective management of high impact and high prevalence risks associated with the care of consumers. Review of care and other records by the Assessment Team indicated that each consumer does not always get care that is safe, effective, or tailored to the specific needs and preferences of the consumer. Some consumer representatives advised that consumers did not always get the care they needed in relation to consumers with risks, that staff were not always available to provide when needed and that staff were not always educated and knowledgeable about the care required for each consumer that has risks identified.

The Assessment Team identified systems for identifying and monitoring consumers’ high impact or high prevalence risks were inconsistent and ad hoc. For consumers at the service, high impact and high prevalence risk included falls, wound management, chemical restraint, weight loss and managing hydration and nutrition. For some sampled consumers, care plans lacked detailed. Handover sheets used to identify consumers at high-risk lacked specificity.

The Assessment Team reported that staff could identify and describe some of the high impact and high prevalence risks for consumers which aligned with consumers acute care plans. However, they said they did not have access to updated policies and procedures reflecting the Aged Care Quality Standards requirements for effective risk management. Clinical staff said they did not have written procedures on how to create and implement individual acute care plans. They also did not have access to list of consumers with acute care plans, how their care plans were maintained at each nurses’ station and how relevant information for each consumer was to be recorded in each level of staff handovers.

The administration care manager provided the Assessment Team with monthly clinical data including monthly trending and analysis. They explained data is collected from incident/accident reports and discussed to inform the staff training program. For example, an increase in consumers with unidentified bruising in the March 2021 data led to staff training in manual handling.  While consumers’ incidents are documented, and clinical data is collated monthly and reviewed by the administration care manager, the Assessment Team identified some gaps in review and escalation following incidents.

The findings of the Assessment Team report were discussed with the service care managers. Care managers did not seem to have clear understanding of the definition of chemical restraint. They are aware of minimising the use of psychotropic medications and discussing their use with consumers or their representatives and their doctors and stated they have reduced the number of consumers receiving psychotropic medication. The systems for monitoring chemical and physical restraint are ad hoc. Some discrepancies were identified in consumer diagnosis and the diagnosis for which medication was prescribed when reviewing pharmacy reports.

In their response, the approved provider’s responds to the issues identified by the Assessment Team. In response to non-specific handover notes, the service has revised the handover sheets to provide more specific consumer information for the clinical staff to refer to. In response to inadequate systems for identifying and managing risk, the service has revised their education programme for 2021 to cover more of acuate clinical care procedure, restrictive practices and behaviour support plans, deteriorating residents, risk management in clinical care and recording information in health and well-being plans.

The approved provider addressed specific concerns in the care of sampled consumers including revision of their current care plans and additional strategies to improve care. In relation to concerns of inadequate staffing, the approved provider believes the service operated with a roster with appropriate skilled staff to ensure that consumer care needs are met. The provider further states that the service has revised their education programme for 2021 to cover more of acute clinical care procedures, restrictive practices and behaviour support plans, deteriorating residents, risk management in clinical care and recording information in health and well-being plans.

Whilst I acknowledge the approved provider’s actions to improve their identification and management of high-impact and high-prevalence risks, I am not confident this was adequately done at the of the assessment contact.

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.

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

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

* Ensure effective management of high-impact and high-prevalence risks associated with the care of each consumer.
* Undertake a review of psychotropic medication to ensure that consumers who are chemically restrained are identified and properly managed and to ensure that minimising the use of restraint is evident.