St George's Care Centre

Performance Report

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BAYSWATER WA 6053  
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**Commission ID:** 7257

**Provider name:** Amana Living Incorporated

**Assessment Contact - Site date:** 5 November 2020

**Date of Performance Report:** 11 February 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 30 November 2020.
* the Performance Assessment Report for the Assessment Contact – Site conducted on 18 June 2020.

# STANDARD 3 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 Assessment Team assessed Requirement (3)(b) in this Standard. All other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard has not been provided.

The purpose of this Assessment Contact was to assess the service’s performance in relation to Requirement (3)(b) in this Standard. This Requirement was found to be Non-compliant following an Assessment Contact conducted on 18 June 2020 where it was found the service did not effectively manage the wandering and sexually inappropriate behaviours of one consumer.

The Assessment Team have recommended Requirement (3)(b) in this Standard as met. Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with Standard 3 Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

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

Following an Assessment Contact on 18 June 2020 this Requirement was found to be Non-compliant because the service did not effectively manage the wandering and sexually inappropriate behaviours of one consumer. In response to the deficiencies identified, the service implemented improvements including (but not limited to):

* A documented review is now completed for each consumer following behavioural incidents, including weekly communication with the relevant medical officer if any behavioural incidents occur.
* Senior clinical staff monitor clinical care through daily review of progress notes, incidents and behaviour charts.

The Assessment Team provided the following findings and evidence in relation to their recommendation of met in this Requirement:

* The consumer identified as having inappropriate sexual behaviours during the Assessment Contact on 18 June 2020 has been reviewed and effective strategies implemented, including:
  + A 15-minute siting chart is used to monitor the consumer’s whereabouts.
  + The consumer was reviewed by Older Persons Mental Health and had subsequent medication changes.
  + Recommendations from Dementia Support Australia have been implemented.
  + An information escalation process is used for this consumer if strategies are not effective.
  + Staffing changes have been implemented to ensure appropriate supervision of the consumer can be maintained.
  + Staff participated in training facilitated by Dementia Support Australia.
* There have been no further incidents of aggressive or sexually inappropriate behaviour for this consumer since the Assessment Contact on 18 June 2020.
* The service implemented several strategies to minimise incidents for a consumer who inappropriately urinates and defecates. The Assessment Team found these strategies have reduced incidents of inappropriate urination and defecation, however, found staff are not always implementing these strategies. The Approved Provider’s response includes additional strategies implemented for this consumer to further minimise incidents associated with this behaviour.
* Overall consumers and representatives are satisfied consumers receive the care consumers need and representatives indicated they are informed about incidents.
* Documentation viewed, and staff interviewed confirmed the service effectively manages risks associated with consumers’ care including pain management, pressure injuries and psychotropic medication use.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement. In coming to my finding I have considered that the service has implemented improvements which identify consumers’ high prevalence or high impact risks associated with the care of each consumer. In relation to the consumer identified at the Assessment Contact on 18 June 2020 who had unmanaged sexually inappropriate behaviours, the service’s actions have eliminated further incidents through the implementation of effective management strategies. I have also considered the consumer who inappropriately urinates and defecates has had a reduction in incidents, however, the Assessment Team’s report indicates incidents still do occur. I consider the service has identified and implemented effective strategies to manage this behaviour of inappropriately urinating and defecating but staff may not always implement these strategies. I encourage the Approved Provider to consider staff practices in relation to Requirement (3)(a) in this Standard, and ensure staff always implement the effective strategies to minimise incidents of the consumer’s behaviour.

For the reasons detailed above, I find Amana Living Incorporated, in relation to St George’s Care Centre, Compliant with Standard 3 Requirement (3)(b).

# STANDARD 8 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

The Assessment Team assessed Requirement (3)(d) in this Standard. All other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard has not been provided.

The purpose of this Assessment Contact was to assess the service’s performance in relation to Requirement (3)(d) in this Standard. This Requirement was found to be Non-compliant following an Assessment Contact conducted on 18 June 2020 where it was found the service did not have effective risk management systems in relation to managing high impact or high prevalence risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers.

The Assessment Team have recommended Requirement (3)(d) in this Standard as met. Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with Standard 3 Requirement (3)(d). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) 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.*

Following the Assessment Contact on 18 June 2020 this Requirement was found to be Non-compliant. In response to the deficiencies identified, the service implemented improvements including (but not limited to):

* Implementation of additional and ongoing staff training in relation to responding to elder abuse, mandatory reporting and behavioural management.
* Initiation of specialists to assist in the management of consumers with behaviours.
* Staff were required to read the policies and procedures in relation to the risk management framework.

The Assessment Team provided the following findings and evidence in relation to their recommendation of not met in this Requirement:

* Consumers interviewed were satisfied with the care and services provided by staff and felt supported by staff to engage in activities of their choosing which have associated risks.
* All reports on the mandatory reporting log for the preceding two months were managed in accordance with legislative requirements.
* Staff interviewed were familiar and understood policies and procedures associated with the risk management framework and provided examples of how they were relevant to their roles.
* The service has implemented a key performance indicator (KPI) in relation to risk management and this KPI is reviewed and reported monthly.
* The risk management system demonstrated staff consistently report, identify, monitor and manage risk associated with consumers.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement. In coming to my finding I have considered the Assessment Team’s evidence and improvements made by the service that indicates the service has effective risk managements systems which manage high impact or high prevalence risks associated with the care of each consumer, identifies and responds to abuse and neglect of consumers, and supports consumers to live the best life they can.

For the reasons detailed above, I find Amana Living Incorporated, in relation to St George’s Care Centre, Compliant with Standard 8 Requirement (3)(d).

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.