St Vincent's Care Services Bronte

Performance Report

363-367 Bronte Road
BRONTE NSW 2024
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**Commission ID:** 1033

**Provider name:** St Vincent's Care Services Ltd

**Assessment Contact - Site date:** 17 March 2021

**Date of Performance Report:** 19 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)(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 12 April 2021 which consists of a letter of response and supporting documentation.

# 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 and examined relevant documents – 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.

Whilst sampled consumers considered that they receive personal care and clinical care that is safe and right for them, observations, interviews with staff and clinical documentation demonstrated personal care and clinical care provided is not always best practice; or tailored to individual consumer needs to optimise health and well-being

Deterioration or change of a consumer’s cognitive or physical function, capacity or condition is not always recognised and responded to in a timely manner.

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 personal and clinical care delivered at the service is not always safe and effective and it was not demonstrated that care provision is best practice, tailored to meet consumer needs, nor that it optimises consumer health or wellbeing. Consumers provided feedback that they are satisfied with care provision and did not raise concerns on care, however the Assessment Team identified deficits in many areas of personal and clinical care, including restrictive practices, pain and falls management. A review of care documentation identified staff do not always follow care directives for the monitoring of clinical observations.

**Restraint Management**

In relation to minimising the use of restraint the management did not provide examples of deprescribing practices occurring and evidence was lacking on a commitment to minimise physical restraint at the service. For one sampled consumer, with documented physical restraint, a valid consent for the restraint was not obtained. A review of sampled consumer files in relation to chemical restraint and use of psychotropic medications found not all consumers have a relevant diagnosis for the prescribing of psychotropic medications, while some of these consumers are considered to be chemically restrained others are not. Not all consumers sampled who were prescribed a chemical restraint had an active behaviour chart to monitor behaviours and there was limited evidence of deprescribing occurring for consumers in the service.

**Pain Management**

Whilst the physiotherapy team at the service has a pain management program in place and monitored muscular skeletal pain there was deficits found in the clinical staff completing pain assessments following incidents and a lack of regular pain monitoring documented in consumer files sampled and for observed consumers.

**Falls Management**

The Assessment Team observed there was high incidence of falls occurring in the service with best practice strategies such as low beds and sensors not always utilised for consumers who repeatedly fell or had an assessed high risk of falls There was only one low bed available in the service for consumer use at the time of the assessment contact.

**Skin Integrity**

The Assessment Team identified the management of skin integrity is not best practice and does not always support consumer well-being. Wound care products used to treat a pressure area were not compatible or an indicated treatment for the wound type documented. For a consumer who experienced an extensive skin tear during the provision of personal care, that required transfer to hospital for suturing, there has been no review of staff practices following the injury that occurred. A clinical file sampled showed inconsistencies in the classification of a wound with a sacral pressure injury documented as a skin tear.

The approved provider submitted response includes planned education and quality improvements to address the issues identified in the requirement. Sufficient time is required to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessment Teams report and the approved provider response and I find at the time of the performance assessment the consumers sampled were not getting safe and effective personal care, clinical care, or both personal care and clinical care and that care provision is not best practice, tailored to meet consumer needs, nor that it optimises consumer health or wellbeing.

I find this requirement Non-Compliant.

### Requirement 3(3)(d) Non-compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team provided information that deterioration or change of consumer’s health, cognitive or physical function, capacity or condition is not always recognised and responded to in a timely manner. Deficits were identified in the timely response to clinical observations that would warrant a medical review, specifically the monitoring of pain, fluid balance intakes and blood pressure recordings of the sampled consumers. Whilst staff could describe the guidelines in place for the management of vital signs outside the normal range a review of consumer files demonstrated these guidelines were not always followed for consumers who showed signs of deterioration. Observations by the Assessment Team found for consumers observed to be displaying signs of pain the signs of pain were not always recognised or responded to in a timely manner.

Clinical staff interviewed could describe how they monitor acute changes in a consumer’s condition and how to refer the information to medical officers or transfer the consumer to the local hospital when necessary however for sampled consumers care planning documentation and progress notes did not always reflect identification of, and response to, deterioration or change in function, capacity or condition. For a consumer who had a fall sustaining a head injury the immediate response documented in the clinical file was not timely or optimal for the consumer.

The Assessment Team found in relation to monitoring of consumers’ clinical condition, these are not consistently followed. For example, neurological observations are not completed according to the schedule following unwitnessed falls or head strikes., vital signs are not competed according to medical directives and fluid balance charts are incomplete for consumers sampled on fluid restrictions.

The approved provider submitted response includes planned education and outlines quality improvement plan to address the issues identified in the requirement. Sufficient time is required to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessment Teams report and the approved provider response and I find deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is not consistently recognised and responded to in a timely manner.

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.

The approved provider is required to:

Accreditation Standard 3: Personal care and clinical care

* Ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.
* Undertake the planned multidisciplinary stakeholder review of restrictive practices to identify consumers who are being restrained and implement planned quality improvements to demonstrate restraint minimisation practices are being implemented.
* Implement the planned education program with staff to ensure deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.