St Vincent's Care Services Kangaroo Point - Lilian Cooper

Performance Report

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**Commission ID:** 5971

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

**Assessment Contact - Site date:** 23 July 2020

**Date of Performance Report:** 19 August 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | 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 13 August 2020.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team did not assess all requirements specific to this Standard, therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

# 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

The Assessment Team did not assess all requirements specific to this Standard.

The Assessment Team brought forward information that aspects of clinical and personal care including wound care, pressure area care, pain management and diabetes management is appropriate and promotes the health and well-being of the consumer. However, deficiencies were identified in relation to restraint management and therefore Requirement 3 (3) (a) has been found 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.*

Based on the information brought forward by the Assessment Team and the response submitted by the approved provider I am satisfied that care, specifically relating to the management of restraint, is not best practice and does not optimise consumers’ health and well-being. This is evidenced by:

* Consumers require the assistance of staff to exit the building which is secured by a coded keypad and management advised the Assessment Team the code had not been provided to consumers. Strategies to support consumers to exit the building independently had not been implemented. This has not been identified as restraint and appropriate authorisations/consent are not in place.
* The Assessment Team identified that restraint authorisation was not in place for a consumer who was chemically and physically (bedrails) restrained. Information relating to the use of chemical restraint was not included in the consumer’s care plan. Further to this, the Assessment Team identified that the use of non-pharmacological interventions were not documented as being trialled prior to the use of ‘as required’ chemical restraint.

I acknowledge the Approved Provider secured the entry/exit to the building as a measure to support the screening of visitors to the service during the COVID 19 pandemic. However, at the time of the Assessment Contact, the Qld. Health Aged Care Direction permitted consumers to leave the facility. Consumers could not do this as they did not have access to the code and were required to seek staff assistance to exit the building.

The Assessment Team reported they observed staff implementing appropriate behaviour management strategies during the Assessment Contact and that the organisation had commenced addressing deficiencies relating to the documentation of non-pharmacological strategies trialled prior to the use of chemical restraint. The provider response identifies additional actions that have been taken including the provision of further education to registered nurses and the completion of an audit of all consumers prescribed chemical restraint. While I acknowledge the observations of the Assessment Team and the actions taken by the organisation, at the time of the Assessment Contact, the use of chemical restraint (including non-pharmacological strategies trialled) was not being appropriately documented to ensure its use as an option of last resort.

The Assessment Team brought forward information that aspects of clinical and personal care including wound care, pressure area care, pain management and diabetes management is appropriate and promotes the health and well-being of consumers. Deficiencies raised by the Assessment Team about catheter care have been addressed in the provider’s response and I am satisfied care was appropriate.

While I accept that aspects of clinical and personal care are appropriate, I remain of the view that the management of restraint is not best practice and does not optimise the health and well-being of consumers. For the reasons detailed, this requirement is Non-compliant.

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

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

# 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.

* Restraint practices are to be minimised. The need for restraint is to be appropriately assessed and authorised. Care plans are to include information to guide staff in relation to the use of restraint, including the use of chemical restraint. Documentation relating to the use of chemical restraint will demonstrate that non-pharmacological interventions are trialled and that chemical restraint is used as a last resort.