St Vincent's Care Services Mitchelton

Performance Report

46 Church Road
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**Commission ID:** 5951

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

**Assessment Contact - Site date:** 11 February 2021

**Date of Performance Report:** 11 March 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)(g) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(d) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | 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 3 March 2021
* the Assessment contact record completed 4 March 2021
* the infection control monitoring checklist completed 11 February 2021.

# STANDARD 3 NON-COMPLIANT 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

A decision of Non-compliant in one or more requirements result in a decision of Non-compliant for the Quality Standard.

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)(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.*

Consumers were not receiving best practice clinical care to optimise their health and well-being, in relation to the identification and monitoring of chemical and physical restraint, wound management and behaviour management.

The Assessment Team identified for two named consumers, wound care had not been provided or attended to as frequently as prescribed. The consumer and/or their named representative confirmed wound care had not been completed by staff at the service.

The Approved provider in its written response to the Assessment Team’s findings has documented an immediate review of the named consumers wound care requirements was conducted by management staff at the service. The Approved provider has committed to daily monitoring of all wound care plans by management, which the Approved provider has stated has resulted in improved wound care for all consumers. Individual discussions have occurred with nursing staff regarding documentation requirements for wound care.

For another named consumer, the Assessment Team identified bowel charting had not been completed, the consumer required medication for constipation on two occasions and the medical officer was not consulted. The Approved provider in its response has committed to a daily review by management of bowel care information, the Approved provider has stated this has resulted in the timeliness of interventions relating to bowel care for all consumers.

The Assessment Team identified five consumers who exhibit challenging behaviours, however the consumers did not have individualised behaviour management strategies to support and guide staff practice when addressing the consumers’ behaviours. Staff did not have a shared understanding of the consumers’ behavioural care needs and provided non-specific interventions which were both generic and inaccurate for one named consumer.

Behavioural management plans are in the process of being reviewed at the service in conjunction with a Nurse Practitioner, the Approved provider expects this process to be completed by 12 March 2021.

The Assessment Team identified several deficiencies in the management of restraint at the service, including a lack of authorisation and consent for both chemical and physical restraint, the absence of regular reviews for the need of restraint and a lack of documented interventions trialled prior to the administration of chemical restraint.

The Approved provider in its written response to the Assessment Team’s findings has committed to a full review of consumers requiring restraint to ensure authorisations and consent are current and completed, monitoring of authorisation dates and scheduled reviews of the restraint register in consultation with the service’s pharmacy.

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team identified the service was not prepared for a potential COVID-19 outbreak through the monitoring of the service’s outbreak management plan, observations of the environment, interviews with staff and review of signage.

The Commission requested the service address the issues identified by the Assessment Team both through their response to the Assessment contact (11 February 2021) and through a request for information (19 February 2021).

In reviewing the service’s plan for continuous improvement and the Assessment contact record completed 4 March 2021, it is my decision the service has implemented action and processes to prevent transmission and to recognise and respond to symptoms of COVID-19. Therefore, it is my decision based on this information, this Requirement is Compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

A decision of Non-compliant in one or more requirements result in a decision of Non-compliant for the Quality Standard.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Non-compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Staff had not completed mandatory training and some staff did not have an understanding of the Quality Standards, including knowledge in relation to restraint.

The Approved provider in its written response to the Assessment Team’s findings committed to a review of training processes and procedures to implement a more effective system to ensure all staff have completed mandatory training. The Approved provider has committed to completing this review by 26 March 2021.

While I acknowledge the commitment of the Approved provider to ensure a system is established to ensure staff complete mandatory training, this system was not in place at the time of the Assessment contact and has yet to be fully implemented or evaluated for effectiveness.

Therefore, it is my decision the workforce was not trained or equipped to deliver the outcomes required by the Standards, this was evident in the lack of staff knowledge regarding restraint, and this Requirement is Non-Compliant.

# STANDARD 8 NON-COMPLIANT 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

A decision of Non-compliant in one or more requirements result in a decision of Non-compliant for the Quality Standard.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 8 Requirements**

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The organisation did not have effective governance systems in relation to clinical information management and minimising the use of restraints, at the time of the Assessment Contact.

The organisation had not monitored or evaluated the effectiveness of the clinical management systems used to inform clinical governance decisions. Information collected and recorded to inform the governance of minimising the use of restraints was incomplete or inaccurate.

Staff practice and clinical documentation was not reflective of the organisation’s policy in relation clinical information or minimising the use of restraints. Registered staff did not have a shared understanding of restraint documentation used to monitor consumers requiring chemical restraint.

The Approved provider in its written response to the Assessment Team’s finding has committed to re-implementing the organisation’s governance procedures to facilitate compliance with the Aged Care Quality Standards. Monitoring processes implemented by the service identified further continuous improvement was required. An appointment of a Quality and Compliance Manager will assist the service to understand and apply governance processes.

While I acknowledge the actions of the Approved provider to address deficits identified in governance systems, actions taken to address these deficits have not been tested for their effectiveness and sustainability, and therefore it is my decision 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.

* Clinical care delivery is to be best practice in relation to wound care, restraint management and behaviour management.
* Staff are required to complete mandatory training to be equipped to deliver safe and effective care.
* Organisational governance systems are required to be effective in relation to information management and continuous improvement.