SummitCare Waverley

Performance Report

321 Bronte Road
WAVERLEY NSW 2024
Phone number: 02 9387 3872

**Commission ID:** 2487

**Provider name:** Phillip House Nursing Home Pty Ltd

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

**Date of Performance Report:** 7 May 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 30 March 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.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example, consumers and representatives indicated they feel consumers received appropriate clinical care. They mostly related this to staff being kind and caring.

However, the assessment team found areas of clinical care that were not best practice and instances where falls management and wound care did not optimise the consumers health and wellbeing. The assessment team identified deficiencies in the review process of psychotropic medication and gaps in staff processes in recognising and responding to changes and deterioration in the consumer’s condition.

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 found that nursing staff were generally able to discuss the clinical care needs of all consumers sampled and provided information about their wellbeing consistent with their planned care. The service has a suite of policies and procedures to assist staff with providing best practice clinical care in relation to mobility, dexterity and falls, pain management and management of consumers post hospital admission.

However, the assessment team found that not all consumers receive personal and clinical care that is best practise and optimises their health and well-being and identified deficits in relation to falls management for one consumer. Despite review of some consumer files indicating alignment with best practice wound care, the continuous improvement plan identified that chronic wounds had not been attended to and managed appropriately by clinical staff. Management informed the assessment team that the previous manager had recently left the service and that issues had been identified related to the delivery of care which were being addressed.

The assessment team found that due to changes in staffing the service has commenced a review of the use of psychotropic medications, however this is not complete. The assessment team identified appropriate consents in place for two consumers who have bedrails in place and that discussions are held with consumers and their representatives regarding the use of psychotropic medications and or chemical restraint prior to its use. However, many consumers prescribed psychotropic medications had not had a review for some time and entries on the self-assessment psychotropic medication register were incorrect.

The approved provider response submitted incident reports demonstrating that falls were documented for the named consumer and while this is acknowledged it did not demonstrate best practice falls management. The approved provider response did not demonstrate that reviews for consumers prescribed psychotropic medications are occurring within the recommended time frames. The response did not address feedback provided by management during the audit about deficits being identified in the delivery of care.

It is acknowledged that the service is addressing the identified deficits, however based on findings at the time of the audit 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 found the service was unable to satisfactorily demonstrate that changes to and deterioration of consumers’ condition are responded to promptly for the consumers sampled. Staff were unable to demonstrate sound knowledge and processes for the escalation of changes in consumers’ condition for individual consumers as this was not evident in reviewed clinical documents. The assessment team found that staff did not always immediately recognise or respond to the presence of pressure injuries for two consumers and documentation indicated that the pressure injuries had progressed beyond initial stages prior to being recognised.

Care staff informed the assessment team that a consumer on a palliative trajectory experiences pain on repositioning and that this has been reported to nursing staff. However, the assessment team were unable to identify any documentation to confirm that staff reports about pain had been responded to by nursing staff. The assessment team noted that recent entries on the continuous improvement plan indicate staff were not able to identify and manage palliating residents and that education will be provided to address this.

The approved provider submitted incident reports to support that staff documented wounds for one name consumer and this is acknowledged. However, the approved provider did concede that a pressure injury for this consumer was incorrectly categorised. The approved provider clarified that education for staff to identify and manage palliating consumers is reflective of recent nursing staff recruitment and this is noted. The approved provider response did not address reports of pain for one consumer not being responded to by nursing staff.

It is acknowledged that the approved provider is addressing the gaps identified, however based on the findings at the time of the audit, 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.

### Requirement 3(3)(a)

*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.*
* Review falls management practice to ensure that is aligned with best practice principles and protocols to promote the consumers wellbeing
* Ensure that reviews of chemical restraint occur within recommended time-frames for all consumers consistent with best practice recommendations

### Requirement 3(3)(d)

*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.*

* Ensure that any concerns from staff which are escalated regarding changes or deterioration in a consumers’ condition are actioned and responded to
* Implement training and education for staff in relation to identifying and managing a consumer requiring palliation
* Review staff knowledge and competency in being able to correctly identify pressure injuries in their early stages