The Queen Victoria Home

Performance Report

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**Commission ID:** 8067

**Provider name:** The Queen Victoria Home Inc

**Assessment Contact - Site date:** 27 October 2020 to 28 October 2020

**Date of Performance Report:** 2 December 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | 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 18 November 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

One of the seven specific requirements have been assessed as Compliant.

### The Assessment Team did not assess all requirements under this Quality Standard, therefore an overall rating has not been provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 the wound management of one consumer was not optimal, resulting in the deterioration of a pressure wound. The Assessment Team also identified lack of timely referral has impacted upon another consumer’s well-being and enjoyment of life. The Assessment Team provided the following examples:

* + One consumer had a wound chart commenced in June 2020 for a sacrum pressure area wound. The initial assessment and ongoing wound care documentation between June and October 2020 does not include a full description of the wound or pain level. Information regarding dressing type is also recorded inconsistently.
	+ A medical officer note on 16 September 2020 describes the sacral wound as ‘better’ and to continue dressing/pressure care. There are subsequent medical officer notes after this date however there is no further information regarding the sacral wound.
	+ A wound entry on 22 October 2020 does not describe the size, depth or other details about the wound. A photograph is attached. The size of the wound appears to have increased.
	+ The service’s policy provides direction in relation to when chronic wounds are referred to the local hospital’s wound consultant team however there is no documentation to support consultation has taken place with the consumer, the medical officer or the representative in relation to a referral.
* Another consumer’s care planning documentation indicates that they have severe anxiety with persistent, difficult and aggressive behaviours.
* The consumer was reviewed by the medical officer in July 2020 who noted continuing behavioural problems and planned to discuss with a psycho-geriatrician. Subsequent medical officer notes record nil response from the psycho-geriatrician, and consideration of referral to another psycho-geriatrician, however, there has been no follow up by staff.
* Progress notes in October 2020 describe ten incidents of physical and verbal aggression, with some notes describing reassurance given with minimal effect.

The approved provider’s response notes the actions taken since March 2020 when Standard 3 (3) (a) was found to be non-compliant in relation to wound management. These include:

* a review of the skin integrity and wound management policy,
* clinical team education on wound management and specific dressing application and products,
* purchase of self-regulating air mattresses,
* care staff education on pressure injury management and the use of the air mattresses,
* the introduction of daily skin check form
* introduction of twice weekly wound care register audits,
* daily monitoring, mentoring and coaching by the clinical care coordinator and clinical support,
* implementation of a complex wound management group to manage relevant wounds,
* revision of the skin integrity and wound management policy,
* plan to introduce a wound care competency tool and further education for all clinical staff in November 2020.

The approved provider submitted information outlining the management of the specific consumer’s wound discussed in the assessment report, the complexities of the situation and demonstrated how the service is managing the wound in consultation with the consumer’s representative and the general practitioner.

The approved provider also submitted information regarding the second consumer with anxiety discussed in the assessment report. While the approved provider did not demonstrate that the consumer has been referred to an alternate pyscho-geriatrician, the response does demonstrate that the staff understand the consumer’s needs and that the consumer is not at risk or placing any other consumer at risk.

Having considered all the information available, I find this requirement Compliant as the approved provider was able to demonstrate ongoing actions taken to address previous deficits identified in wound management. The approved provider was also able to satisfy me that the wound management and other care provided to the two consumers referred to in the assessment report, while not optimal has been monitored and managed.

# 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.

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