Villa Maria

Performance Report

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**Commission ID:** 7059

**Provider name:** St Brigid's Convent of Mercy Perth Limited

**Assessment Contact - Site date:** 5 January 2021

**Date of Performance Report:** 23 February 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(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 5 February 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

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

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3 Personal care and clinical care and found the service did not demonstrate effective management of high impact and high prevalence risks associated with the care of consumers. The Approved Provider’s response acknowledges the deficits identified by the Assessment Team and have commenced implementation of improvements to address the deficits. Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant in Requirement (3)(b) in relation to Standard 3 Personal care and clinical care and have provided detailed reasons below.

### Assessment of Standard 3 Requirements

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

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

The Assessment Team found the service does not effectively manage high impact or high prevalence risks associated with the care of consumers. Summarised relevant evidence included:

* Consumers living with dementia have ongoing verbal, aggressive and intrusive behaviours impacting on themselves and others which were not managed effectively to reduce and prevent ongoing incidents.
	+ One consumer had ongoing behaviours of aggression towards others and intruding on other consumers’ rooms at night. The service did not review the effectiveness of current strategies and did not implement new strategies to prevent or reduce the behaviours and the impact on others. Consumers interviewed confirmed the behaviours are negatively impacting them including feeling unsafe in their rooms and having to lock their doors.
	+ One consumer had ongoing behaviour of calling out and resistiveness and aggression towards staff during the provision of care. Staff interviewed confirmed current strategies do not reduce or prevent the behaviours. Consumers interviewed confirmed the verbal calling out is disruptive to them.
	+ One consumer has had ongoing physical aggression towards other consumers including hitting, slapping and pushing. Strategies to manage the behaviours have not been effective to prevent or reduce incidents. Incident reports and behaviour charts confirm multiple consumers have been impacted by the physical aggression. The consumer is aggressive towards staff during care and staff confirmed as a result of the behaviour the consumer does not always receive appropriate personal care and continence care.
* One consumer had weight loss which was not managed in accordance with the service’s policy and procedure.
* Three consumers have current wounds which are not managed effectively or in line with the service’s policy and procedure, including size and progression of pressure injuries not being recorded or monitored effectively, new skin deterioration not being recorded on incident reports and wound management not being recorded to direct staff.
* The service does not complete all incident reports and incidents are not trended or analysed to identify high impact and high prevalence risks associated with consumers’ care.

The Approved Provider’s response acknowledges the deficits identified by the Assessment Team and have made a commitment to implement improvements including review of consumers’ clinical care and behavioural needs.

The service has policies and procedures to identify, assess, monitor and manage high impact and high prevalence risks associated with the care of consumers. However, the service did not demonstrate they are effectively managing high impact and high prevalence risks associated with multiple consumers’ care. The service has not effectively managed known risks associated with three consumers living with dementia and their associated behaviours, resulting in ongoing incidents including multiple consumers being hit and feeling unsafe. Consumers interviewed confirmed they are impacted by other consumers’ unmanaged behaviours including consumers entering their rooms at night, calling out constantly and physical aggression. Staff confirmed current strategies to manage the risks associated with three consumers’ behaviours are not effective and it is impacting on the consumers’ personal care and continence care. The service does not consistently complete clinical documentation to identify, monitor and manage high impact risks associated with consumers’ wounds and skin deterioration. The service does not follow and implement risk management strategies to manage weight loss in line with the service’s policy. The service’s own monitoring systems had not identified the deficits identified by the Assessment Team.

Based on the summarised evidence above I find the service Non-compliant in Requirement (3)(b) in relation to Standard 3 Personal care and clinical care.

# STANDARD 7 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

The Assessment Team assessed Requirement (3)(a) in relation to Standard 7 Human resources and found the service met this Requirement. Based on the Assessment Team’s report I find the service Compliant in Requirement (3)(a). However, information in the Assessment Team’s report indicated deficits in staff competence and performance in relation to the delivery of personal care and clinical care.

Consumers interviewed indicated they are generally satisfied with the level of staffing at the service and advised they didn’t have to wait long for assistance when they needed it. Staff interviewed confirmed they felt supported and had sufficient numbers of staff and enough time to deliver care and services to consumers in line with consumers’ care plans. Rosters and allocations viewed showed vacant staff shifts are filled.

However, the Assessment Team found staff are not always competent, skilled or effective at delivering safe and quality personal care and clinical care to consumers. Staff do not always maintain consumer dignity or ensure they deliver quality personal and clinical care to consumers with ongoing behaviours in relation to dementia diagnosis. Consumers’ clinical assessments and care plans are not consistently reviewed and updated by staff and incident reports are not always completed by staff.

All other Requirements in relation to Standard 7 Human resources were not assessed and an overall assessment of the Standard not completed.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

# 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.

Standard 3 Requirement (3)(b):

* Ensure consumers with risks associated with behaviours related to diagnosis of dementia are managed effectively to reduce and prevent ongoing incidents of aggression, intrusion and verbal disruption which impact others.
* Ensure consumers with risks associated with wounds and skin integrity breakdown have appropriate assessments, incidents, records and management plans in place to ensure monitoring of wound progression and deterioration occur.
* Ensure consumers with risks associated with weight loss are identified and managed in line with the service’s policies and procedures.
* Ensure effective monitoring systems including trending and analysis of incidents and risks occur to identify areas for improvement in the ongoing management of consumers with high impact and high prevalence risks associated with their personal care and clinical care.

# Other relevant matters

Standard 7 Human resources: While the service has been found Compliant in relation to sufficient numbers and mix of staff to provide care and services, the Assessment Team identified areas for improvement in relation to the performance of staff in the delivery of safe and effective personal care and clinical care.