Villa Maria

Performance Report

173 Lesmurdie Road   
LESMURDIE WA 6076  
Phone number: 08 9291 6314

**Commission ID:** 7059

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

**Assessment Contact - Site date:** 27 April 2021

**Date of Performance Report:** 10 June 2021

# Publication of report

This Performance Report **will 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** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(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 17 May 2021.

# 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

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3 Personal care and clinical care which was found Non-compliant following an Assessment Contact conducted on 5 January 2021.

The Assessment Team found the service implemented improvements to address the deficits in relation to the service not effectively managing high impact risks associated with consumers’ wounds and skin breakdown, weight loss and challenging behaviours, and service’s monitoring systems not identifying its own deficits.

Seven consumers’ care reviewed by the Assessment Team showed the service identifies, assesses and implements appropriate strategies to effectively manage high impact and high prevalence risks associated with consumers’ care including challenging behaviours, nutrition and hydration, dysphagia, pressure injuries and pain management.

However, the Assessment Team recommended the service did not meet this Requirement as one consumer was observed with a skin tear which was not appropriately identified or managed.

The Approved Provider’s response included additional information and evidence and based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant in Requirement (3)(b) in relation to Standard 3 Personal care and clinical care. I have provided reasons for my decision below.

All other Requirements in this Standard were not assessed and therefore an overall rating of the Standard not provided.

### Assessment of Standard 3 Requirements

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

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

The Assessment Team found the service did not effectively identify and manage one consumer’s risks associated with a skin tear. Relevant evidence included:

* The Assessment Team observed one consumer with an open undressed skin tear on their left leg below the knee and above the pressure stocking.
* The consumer was known high risk of skin tears and skin integrity breakdown on legs due to relevant diagnosis, history and condition.
* The clinical staff were unable to state when the skin tear occurred.
* The skin tear wound plan was not completed prior to the end of the Assessment Contact.

The Approved Provider’s response disagreed with the Assessment Team’s findings and provided additional evidence and information in relation to the consumer and the management of the skin tear. Relevant evidence included:

* The consumer was a known high risk of skin integrity breakdown, skin tears and pressure injuries. Evidence showed all relevant skin risk assessments had been completed on entry and appropriate strategies and care plans were in place to direct staff in the management and monitoring of skin and current skin issues.
* Care staff who attended the consumer in the morning were interviewed by management and confirmed there had been no skin tear present when they attended and completed the consumer’s hygiene, grooming and skin care in the morning.
* Evidence shows the skin tear was appropriately dressed and attended by a clinical staff following the Assessment Team reporting the skin tear.
* Evidence shows the skin tear wound assessment and plan was completed on the afternoon shift by an appropriate clinical staff member.
* Previous skin integrity issues of the consumer including infections and injuries on entry to the service have been managed effectively and resolved.

The service has an effective system in place to identify, assess, implement strategies and manage high impact and high prevalence risks associated with consumers’ care. Consumers sampled had their high impact and high prevalence risks managed effectively including pain, behaviours, nutrition and hydration, dysphagia and pressure injuries. Documentation, observations and staff interviews confirmed consumers with high impact risks are managed effectively in line with their assessed needs.

One consumer with a skin tear observed on the day of the Assessment Contact had an appropriate assessment and care plan in place to direct staff in understanding and managing the high prevalence risks associated with the consumer’s skin integrity. The evidence in the Approved Provider’s response supports the finding the skin tear occurred between the time care staff attended to the consumer and when the Assessment Team observed the consumer. Evidence shows the service appropriately dressed the wound and a wound assessment and treatment plan was completed on the day the skin tear occurred by an appropriately trained registered nurse. Outcomes from the consumer’s previous skin integrity issues show the service has managed the risks associated to ensure skin issues are identified, responded to and managed including healing and resolving skin issues and skin tears.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

# 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)(b) in relation to Standard 7 Human resources and have recommended the service meets this Requirement. Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with Requirement (3)(b) in relation to Standard 7 Human resources.

Consumers interviewed confirmed they get quality care and services when they need them, and all said they find staff are kind, caring and gentle when providing care. Observations of the delivery of care and services show staff interact with consumers in a way that is kind, caring and respectful. Recorded consumer feedback and consumers’ progress notes show staff interactions with consumers are kind and caring and respectful of consumers’ identity, culture and diversity.

The Assessment Team did not assess all requirements. Therefore, an overall rating for this Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

# 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.