Villa St Hilarion-Fulham

Performance Report

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**Commission ID:** 6145

**Provider name:** The Society of St Hilarion Inc

**Assessment Contact - Site date:** 8 April 2021

**Date of Performance Report:** 30 June 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | 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 consumers/representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 28 April 2021
* the Performance Report dated 23 December for the Assessment Contact – site conducted 6 October 2020 to 7 October 2020.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant. The Assessment Team assessed Requirement (3)(e) in Standard 2 as part of the Assessment Contact. All other Requirements in this Standard were not assessed.

The purpose of the Assessment Contact was to assess Requirement (3)(e) in Standard 2. This Requirement was found Non-compliant following an Assessment Contact conducted 6 October 2020 to 7 October 2020. The service has implemented a range of actions to address the deficiencies identified which are detailed in the specific Requirement below. However, at the Assessment Contact conducted 8 April 2020, the Assessment Team were not satisfied the service effectively demonstrated care and services were reviewed regularly for effectiveness, and when circumstances change or when incidents impacted the needs of consumers. The Assessment Team have recommended Requirement (3)(e) not met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 2 Requirement (3)(e) and find the service Non-compliant with Requirement (3)(e). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team were not satisfied the service effectively demonstrated care and services were reviewed regularly for effectiveness, and when circumstances change or when incidents impacted the needs of consumers. Deficiencies identified related to management of skin integrity and pain for two consumers. The Assessment Team’s report provided the following evidence:

Consumer A

* The consumer was identified with an unstageable pressure injury in March 2021. A skin assessment was not initiated in response to the change in skin integrity, with the last assessment occurring in September 2020.
* An assessment of pain was not initiated following identification of the wound. Progress notes over a 19 day period indicate the consumer complained of pain, including at the wound site, on three occasions.
* Progress notes demonstrate the wound deteriorated in the 18 days following identification. Additionally, progress notes indicate a change in Consumer A’s mobility occurred as a result of the wound.
* Consumer A’s care plan was not updated in response to the wound. Strategies for mobility, location of pain and skin integrity were not in line with Consumer A’s current care needs.
* Consumer A’s care plan was updated on the day of the Assessment Contact, 8 April 2021, to identify skin and pain management needs, 33 days after the wound was identified.

Consumer B

* A pain chart used to assess the consumer’s pain in the month preceding the Assessment Contact required the consumer to choose a number that best described the pain experienced.
* The pain assessment completed in response to the charting indicates the consumer has Dementia and is not always able to coherently and consistently report and describe pain.
* Pain charting was completed over a three day period in September 2020 with the consumer assessed as having a pain score between zero to two.
* Directives on the pain chart included pictorial facial expressions for the consumer to point to and for staff to document pain intensity and observation. This section had not been completed on the pain chart.
* The service could not provide evidence to demonstrate Consumer B’s pain was monitored during massages or that the effectiveness of this strategy for relieving pain evaluated.
* An allied health staff felt Consumer B experienced pain and stated they monitor Consumer B for non-verbal and verbal queues whilst providing treatment.
* One staff stated they have not noticed Consumer B is in pain, another stated they think the consumer has pain, although they don’t say it and management stated they did not think the consumer is in pain.

The provider’s response indicates they acknowledge and accept the Assessment Team’s recommendation of not met. The provider’s response included a Plan for continuous improvement (the Plan) addressing the issues identified in the Assessment Team’s report. The Plan included planned actions, the person responsible and planned completion dates. Planned actions include, but are not limited to:

* Review of all consumer files to ensure appropriate skin, wound and pain assessments are undertaken.

In relation to Consumer A

* Completed a skin assessment, ensuring all wounds have been identified and reassessed. The care plan has been updated and a repositioning chart implemented.
* Undertake a full pain assessment. Management of pain to be implemented in consultation with Medical officer. Interventions to be evaluated for effectiveness.

In relation to Consumer B

* Undertake a full pain assessment. Management of pain to be implemented in consultation with Medical officer. Interventions to be evaluated for effectiveness.

The service was found Non-compliant with Requirement (3)(e) following an Assessment Contact – Site conducted 6 October 2020 to 7 October 2020 where it was found an unexplained absence of a consumer was not appropriately managed. The Assessment Team’s report for the Assessment Contact provided evidence of actions taken to address deficiencies, including, but not limited to:

* Reviewed the Missing persons procedure. The procedure includes a profile sheet with identifying/characteristic details of the consumer and a checklist with event/location details relating to the incident.
* A Risk activity/Restraint review has been completed for the consumer. The document outlines strategies to reduce the risk of the consumer leaving the service unattended.
* A Behaviour evaluation has been completed for the consumer and outlines successful interventions to initiate when the consumer displays wandering behaviours.
* Progress notes viewed by the Assessment Team demonstrated consistent monitoring of the consumer and staff following the recommended risk controls implemented.
* There have been no further incidents of unexplained absences for the consumer identified.

I acknowledge the provider’s response and the Plan provided demonstrating actions to address the issues identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the service did not effectively demonstrate care and services are reviewed regularly for effectiveness or when consumers’ circumstances change. In coming to my finding, I have placed weight on information in the Assessment Team’s report relating to Consumer A.

For Consumer A, additional monitoring processes or further assessments were not implemented in response to changes in the consumer’s skin integrity, pain and mobility. Progress notes indicate a pressure injury deteriorated over an 18 day period with the consumer experiencing pain, including at the wound site. Strategies relating to management of skin integrity and pain were not reviewed or additional strategies implemented following identification of the pressure injury or in response to complaints of pain. Consumer A’s care plan in the areas of skin, pain and mobility were not reflective of the consumer’s changed condition or current care and service needs. The care plan was updated on the day of the Assessment Contact in response to feedback provided by the Assessment Team. I find it reasonable for consumers to expect that where there is a change to their condition, health and well-being, additional monitoring processes are initiated, assessment processes implemented and management strategies reviewed and updated. Such actions would ensure the consumer’s condition, health and well-being is monitored and further changes or deterioration are identified in a timely manner.

In relation to Consumer B, I find that pain charting and assessments had been completed and management strategies implemented in the month preceding the Assessment Contact. However, I have considered that evidence in the Assessment Team’s report indicates pain charting and assessment tools used by the service to monitor and assess Consumer B’s pain were not appropriate for persons with a cognitive impairment. I would encourage the service to review the monitoring and assessment tools used for consumers within this cohort.

For the reasons detailed above, I find The Society of St Hilarion Inc, in relation to Villa St Hilarion-Fulham, Non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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 Standard 3 as part of the Assessment Contact. All other Requirements in this Standard were not assessed.

The Assessment Team have recommended Requirement (3)(b) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 3 Requirement (3)(b) and find the service Non-compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement 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 were not satisfied the service demonstrated effective management of high impact or high prevalence risks. Deficiencies identified related to management of pressure injuries for one consumer. The Assessment Team’s report provided the following evidence:

* Consumer A developed a pressure injury in the month preceding the Assessment Contact. On identification, the wound was identified as a stage 3 pressure injury described as a necrotic, black pressure area.
* Wound charts indicate treatment is being attended in line with the plan and reviewed regularly. However, the last photograph of the wound taken two days prior to the Assessment Contact shows the wound is unstageable.
* Consumer A has been experiencing pain at the wound site. Pain relief has not been provided to the consumer prior to wound treatments being attended.
* Where pain medication has been provided, a review of effectiveness has not been documented.
* The last pain assessment was completed in November 2020.
* A Wound specialist’s report dated the month prior to the Assessment Contact indicates they alerted staff that the consumer’s air mattress was flat. The specialist requested monitoring to ensure the mattress continued to be inflated and on the right setting.
* Management stated they are sure staff monitor the mattress but could not provide evidence to demonstrate ongoing monitoring strategies were in place or how often and when this occurred.

The provider’s response indicates they acknowledge and accept the Assessment Team’s recommendation of not met. The provider’s response included a Plan for continuous improvement (the Plan) addressing the issues identified in the Assessment Team’s report. The Plan included planned actions, the person responsible and planned completion date. Planned actions include, but are not limited to:

* Implemented monitoring and mitigation strategies for the air mattress in line with the repositioning chart. Instructions implemented to clearly identify when the mattress is not appropriately inflated.
* Training for staff related to skin, wound and pain assessments.
* Undertake review of all consumers to ensure follow up of assessments is undertaken. Corrective actions to be implemented where gaps in care are identified.

I acknowledge the provider’s response and the Plan provided demonstrating actions to address the issues identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, high impact or high prevalence risks, specifically in relation to pressure injury and pain management, were not effectively managed for the consumer highlighted.

In coming to my finding, I have placed weight on information in the Assessment Team’s report indicating on identification, Consumer A’s wound was described as a necrotic, black Stage 3 pressure injury. Additional monitoring, assessments or review and/or development of management strategies was not initiated in response to identification of the wound and monitoring processes to ensure a pressure relieving device, which was found to be not functioning correctly, were not evidenced. Additionally, the care plan was not updated to reflect high impact or high prevalence risks associated with the consumer’s changed condition. I have also considered that while the consumer has been experiencing pain at the wound site, pain charting has not been commenced, pain relief prior to wound treatments has not been consistently provided and where pain relief has been administered, effectiveness has not been consistently monitored.

For the reasons detailed above, I find The Society of St Hilarion Inc, in relation to Villa St Hilarion-Fulham, Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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 2 Requirement (3)(e)**

* Ensure staff have the skills and knowledge to:
* initiate assessments and update care plans where changes to consumers’ condition are identified.
* recognise changes to consumers’ health and well-being and initiate monitoring processes, implement assessments, implement and/or review strategies and monitor effectiveness.
* Ensure consumer care plans are updated and reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 3 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to:
* recognise changes to consumers’ health and well-being, including skin integrity, pressure injuries and pain and implement appropriate management strategies.
* initiate assessments, develop appropriate management strategies and monitor effectiveness of strategies relating to pain, skin integrity and wounds.
* ensure care plans are accurate and reflective of each consumer’s current care and service needs.
* Ensure policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks, including wound management, skin integrity and pain are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks, including wound management, skin integrity and pain.