Weeroona Aged Care Plus Centre

Performance Report

14 Trebartha Street
BASS HILL NSW 2197
Phone number: 02 9645 3220

**Commission ID:** 0014

**Provider name:** The Salvation Army (NSW) Property Trust

**Assessment Contact - Site date:** 27 November 2020

**Date of Performance Report:** 13 January 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)(c) | 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, and others.
* the provider’s response to the Assessment Contact - Site report received 21 December 2020.

# 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.

The Assessment Team found the service does not ensure that a holistic approach to the provision of care for consumers nearing the end of life is undertaken. The service does not demonstrate the goals and preference of consumers nearing the end of life are recognised and addressed or that their comfort is maximised and dignity maintained.

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

### Assessment of Standard 3 Requirements

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

The Assessment Team found that consumers did not have palliative care plans which reflected a palliative care approach. While consumers did have a pain and palliative care plan, it only contained information about pain, and this was mostly completed by the physiotherapist and related to long term chronic pain rather than pain related to the consumer’s end of life care. Consumers and their representatives have provided advanced care plans that are not documented on care plans and are therefore not adhered to, consumers have been transferred to hospital contrary to their choices.

The Assessment Team found that comfort care charts are completed, however the charts are signed off in bulk sections rather than contemporaneously as care is provided. As a result these forms rarely indicate that the consumer is experiencing pain, even though the administration of as needed pain relief and other documentation demonstrates they are. There is no consistent monitoring of pain for consumers nearing end of life.

The Assessment team also found that care plans did not reflect that specific interventions to ensure consumers’ individual spiritual and lifestyle needs, goals and preferences were addressed. Interventions were largely generic in nature and did not reflect the consumers current condition. In addition, the Assessment Team found documentation did not demonstrate that consumers received support from lifestyle staff at the end of life.

In its response the Approved Provider submitted information to address the issues raised by the Assessment Team. I accept that that information shows that consultation and planning of palliative care needs goals and preferences occurs. However, I am not satisfied that consumers are supported when they have made end of life choices, including situations where the consumers wishes are different to what the staff, medical officer or organisation believes should occur.

The Approved Provider acknowledged in its response the need to implement tools and provide resources for supported decision-making with consumers and/or their representatives and others about end of life care, and has implemented or will implement a number of measures to achieve this, including implementation of an end of life pathway, training of palliative care champions and other training, and development of palliative care comfort kits.

The Approved Provider also acknowledged staff were not documenting comfort care charts in line with the organisation’s processes and it has since implemented repositioning charts within the computerised system they use for documentation and additional education.

In addition, the Approved Provider acknowledged that care plans did not reflect consumers’ individual spiritual and lifestyle needs, goals and preferences and as a result the organisation has provided further documentation training, however I am satisfied from the documents submitted in the Approved Provider’s response that spiritual support was provided.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. While I acknowledge the improvements implemented and consider that the Approved Provider has strongly engaged with the issues identified, I consider that additional time is required to demonstrate that corrective actions have been successfully implemented, monitored and evaluated for effectiveness.

# 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)(c)

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

Demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved*,* by:

* Ensuring care and service plans reflect changes in care and services, in line with the consumers end of life care needs, goals and preferences;
* The use of the tools and resources for supported decision-making with consumers, representatives and others they want to involve in decisions about their end of life care;
* Ensuring members of the workforce are aware of and respectful of consumers end of life choices, including situations where the consumers wishes are different to what the staff, medical officers or the organisation believes should occur; and
* Evidencing that the workforce can, through their education and experience, recognise end of life signs and can review a consumers needs goals and preferences in line with their wishes.