Performance

Report

**1800 951 822**

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| Name of service: | Frank Prendergast House |
| Service address: | 27 Pearson Drive SUCCESS WA 6164 |
| Commission ID: | 7255 |
| Approved provider: | Southern Cross Care (WA) Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 10 January 2023 |
| Performance report date: | 21 February 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Frank Prendergast House (**the service**) has been prepared by T Wilson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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 team’s report received 31 January 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

* Ensure that strategies are implemented to ensure each consumer receives personal care that is effective despite any barriers that may occur.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

As not all Requirements were assessed, the overall assessment of this Quality Standard is not applicable.

The service was found Non-compliant in Requirement 2(3)(e) following the Site Audit on 31 May 2022 to 2 June 2022 as the service was unable to demonstrate that care and services were being reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The service introduced a range of improvements, including but not limited to, restrictive practice information being disseminated to the service’s Medical Officers, updates to policies and procedures and staff training to rectify the deficits.

The Assessment Team is now recommending Requirement 2(3)(e) as Met.

Documentation review confirmed regular communication and ongoing reviews by the clinical and allied health team. Staff confirmed care plans are reviewed and updated after an incident or if there has been changes in a consumer’s health status. Clinical staff advised when a change to a consumer’s health status is identified they will assess the consumer, document any changes required in the care plan and communicate to staff at handover. Changes to the care plan discussed with the consumer were applicable and communicated to their representative. Care plans are reviewed annually and as indicated. However, one staff member stated a consumer is wet daily and required a full bed change and they had requested a continence assessment to take place, but this had not occurred.

The provider responded on 3 February 2023 stating that a continence assessment has now been undertaken for the consumer and strategies have been implemented to keep them dry.

I have considered the Assessment Team’s report and the provider’s response and I agree the provider now meets this Requirement. The service was able to demonstrate they have made changes to ensure that care and services are reviewed for effectiveness, regularly, and following changes and incidents.

Accordingly, I find Requirement 2(3)(e) Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Non-compliant |

Findings

As Requirement 3(3)(a) has been found to be Non-compliant, the overall rating for this Standard is Non-compliant.

The service was found Non-compliant in Requirement 3(3)(a) following the Site Audit on 31 May 2022 to 2 June 2022 as the service was unable to demonstrate that each consumer was receiving safe and effective care that was best practice, tailored to their needs and optimised their health and well-being.

The service introduced a range of improvements, including but not limited to, review of the psychotropic medication register to ensure all chemical restraints were identified, a review of all care plans and the restraint register following an upgrade to an electronic care management system, resources proved to the services medical officers in relation to restrictive practice and training provided to staff to rectify the deficits.

The Assessment Team is now recommending Requirement 3(3)(a) as Met.

Consumers and representatives confirmed they are satisfied consumers are receiving personal and clinical care that supports their health and well-being. Staff were able to describe how they ensure consumers are receiving care that is safe and effective with reference to the consumers’ individual care needs. Documentation indicated that personal and clinical care was tailored to individual care needs.

However, one consumer was observed to be unkempt, food particles throughout his beard and his scalp visibly dry and flaky. The consumer stated they had only had bed baths and could not remember when they last washed their hair. This was confirmed through staff interviews, where it was confirmed the consumer refuses care and they could not remember the last time the consumer’s hair was washed. Documentation showing a shower or hair washing had not taken place during December 2022 and January 2023, with the consumer’s preference being every second day.

The same consumer also requested a bed rail to manage their posture as they have a mattress to assist with a pressure injury and they find it difficult to sit upright without support. At the time of the visit this had not arrived.

The provider responded on 3 February 2023 explaining that the consumer regularly refuses care and can be aggressive towards staff with several approaches made but they are still refusing. They provided behaviour charts supporting this and stated that the consumer does not want to be transferred in a sling hoist but did not directly relate that to not receiving personal care. The documentation contained a ‘shared risk plan’ which showed that refusal of care may lead to decreased skin integrity, scalp conditions and personal hygiene, which was signed on the date of the visit, 10 January 2023.

In relation to the requested bed rails the provider asserts that the bed rails did arrive, but they were not installed as the consumer did not like them. Following consultation with the occupational therapist the bed rail were installed with the appropriate restraint authorities two days after the visit.

I have considered both the Assessment Team report and the provider’s response, and I disagree that the provider meets the intent of this requirement. In making my decision, I have also considered the information contained in Requirement 4(3)(a).

Observations are powerful, and the consumer was observed to be visibly unkempt with records showing that hygiene was not maintained. The consumer also has an added risk, a condition where skin integrity must be retained as the consequences can be dire. While the consumer has now accepted the risk via the ‘shared risk plan’, prior to the visit there was no evidence provided to show the consumer understood the risks. It is acknowledged that staff would attempt to provide the consumer with care which was often met with refusal but there was nothing provided to show the different strategies that were used in an attempt to help the consumer manage their hygiene. Whilst I acknowledge the consumer presents challenges in their care it is the responsibility of the provider to ensure that each consumer get safe and effective personal care and I was not provided with evidence that this occurred in this case.

It is for these reasons I find Requirement 3(3)(a), Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being, Non-compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |

Findings

As not all Requirements were assessed, the overall assessment of this Quality Standard is not applicable.

The service was found Non-compliant in Requirement 4(3)(a) following the Site Audit on 31 May 2022 to 2 June 2022 as the service was unable to demonstrate that each consumer was receiving safe and effective services and supports for daily living to optimise their wellbeing and quality of life.

The service implemented improvement actions which include purchasing equipment that enables consumers to mobilise and maintain social interaction, an ongoing review of consumer care plans to ensure services and supports are in line with consumers’ needs, goals and preferences and the implementation of online activities added to lifestyle program to support consumers who are unable to participate in person.

Whilst the Assessment Team has found improvements have been made, they are recommending Requirement 4(3)(a) as Not Met, specifically in relation to one consumer. The Assessment Team found the same consumer as mentioned in Requirement 3(3)(a) was not receiving services to support their independence which impacted their wellbeing and quality of life.

The consumer largely spent most of their time in bed and they stated to the Assessment Team they would like to be able to go on shopping trips and the service forgets about them and just leaves them in bed. Records show the consumer has limited activities entered into their activity charts.

The provider responded on 3 February 2023 refuting that they were not providing the consumer with supports for daily living as the consumer refuses to transfer via a sling hoist and despite using other methods to transfer out of bed the consumer cannot do it in the other ways. Documentation provided shows the consumer has been provided with alternatives and exercises to strengthen their muscles, but they refuse to do them. They are also offered one on one support in their room for socialisation but refuse that also.

I have considered the Assessment Teams report and the response from the provider, and I disagree that this Requirement is Non-compliant.

Whilst the consumer was telling the Assessment Team one thing, documentation provided in the response shows that the service has been attempting to get the consumer to assist the consumer, but the consumer constantly refuses. They will not transfer via hoist, nor will they complete exercises to build their strength which is required for the consumer to be able to transfer to attended activities and to go on outings.

The provider also addressed other issues raised under this Requirement which are not congruent with the intent of the Requirement, so I have not considered this information. However, I do acknowledge the provider has addressed the issues raised and improvements have been implemented.

For the reasons detailed above, I find Requirement 4(3)(a), Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life, Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)