Performance

Report

**1800 951 822**

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| Name of service: | Groves House |
| Service address: | 131 Main Road Cardiff Heights NSW 2285 |
| Commission ID: | 0894 |
| Approved provider: | Christian Brethren Community Services |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 February 2023 |
| Performance report date: | 8 March 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 Groves House (**the service**) has been prepared by T Solomon, 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 28 February 2023.
* the Performance Report dated 10 March 2021 following the Site Audit undertaken from 2 February 2021 to 4 February 2021, where two Requirements were found to be Non-compliant.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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.

Requirement 3(3)(a)

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is tailored to their needs and is best practice.
* Ensure appropriate clinical care is provided to each consumer, especially related to consumers with pressure injuries, wounds and pain.
* Ensure staff have a comprehensive understanding of restrictive practices and how to support consumers identified utilising restrictive practices, especially related to behaviour support plans and how to ensure the plans are individualised for each consumer.

# 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

Requirement 3(3)(a) was found non-compliant following a site audit from 2 February 2021 to 4 February 2021. The Assessment Teams identified the service was unable to demonstrate safe and effective care was being provided to consumers in a range of areas, including the use and management of psychotropic medication and chemical restraint, pressure injury prevention and wound care.

During the assessment contact undertaken on 1 February 2023, The Assessment Team found the service was unable to demonstrate consumers get safe and effective personal care or clinical care that is tailored to their needs and preferences or is best practice.

Consumers and/or representatives provided positive feedback about the consumer’s personal and clinical care. However, documentation reviewed, and information gathered through interviews and observations showed adequate or appropriate clinical care is not being provided to all consumers.

A review of care and services documentation for consumers with pressure injuries and wounds showed pressure injury prevention strategies were not put in place or the specifics of them to guide staff practice are unclear. Wounds were not regularly checked or measured as per the consumer’s care and services plan, and wound photographs did not always have a measuring device or were not taken in line with the organisation’s policy. Skin assessments and skin integrity care plans were not being reviewed and updated. Deterioration of wounds was not being recognised and referrals to appropriate health professionals were not being attended.

A review of the care and services documentation for consumers requiring pain management showed they are not being assessed according to the service’s policy and procedure guidance. Pain management requirements are not documented in pain management plans and pain assessments are not being undertaken when required.

A review of care and service documentation for consumers who are subject to restrictive practices showed the service is not consistently recognising restrictive practice, minimising its use, or managing restrictive practice use appropriately. Consumers with changed behaviours, care and services documentation showed they had a Behaviour Support Plan in place. However, the Behaviour Support Plans had goals listed that were generic, strategies to manage changed behaviours were not included and chemical restraints were not included.

Although consumers and/or representatives provided positive feedback about consumer care delivery, for most consumers safe and effective care delivery was not tailored to their individual needs and was not best practice. Actions previously taken by the approved provider to bring about improvement in care delivery have not been effective or improvements have not been sustained.

The Approved Provider responded with a detailed plan for continuous improvement including but not limited to education for staff on pressure injuries, education on skin integrity, education on wound management, reinforcing the organisation’s policies and procedures related to pressure injuries, wound management, restrictive practices, and pain management, as well as a review of consumers with restrictive practices and their relevant care plans and behaviour support plans.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 3(3)(a) is non-compliant.

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