Ocean Star Aged Care

Performance Report

207 Ocean Drive
BUNBURY WA 6230
Phone number: 08 9796 6600

**Commission ID:** 7249

**Provider name:** Catholic Homes Incorporated

**Assessment Contact - Site date:** 19 May 2022

**Date of Performance Report:** 29 June 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# 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** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |

# Detailed assessment

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 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 on 10 June 2022; and
* the performance report dated 2 June 2021 for the Assessment Contact – Site undertaken on 16 March 2021.

# 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 Requirement has been assessed as non-compliant. The Assessment Team assessed Requirement (3)(b) in this Standard. All other Requirements in the Standard were not assessed at the Assessment Contact.

The Assessment Team recommended the service does not meet Requirement (3)(b) in this Standard. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I find the service non‑compliant with Requirement (3)(b). I have provided reasons for my findings under 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 was not satisfied the service demonstrated high impact or high prevalence risks associated with the care of each consumer were effectively managed, specifically in relation to pain, wounds, behaviours, use of psychotropic medication and care reviews. The Assessment Team provided the following evidence relevant to my finding:

* Documentation showed over an 11-week period, one consumer’s skin redness had deteriorated to a stage three pressure injury. Documentation showed the organisation’s policy was not followed, as there was no formal assessment, charting or monitoring of the wound undertaken, including documentation of the wound size, effectiveness of dressings, or strategies to guide staff in delivering safe and effective wound care.
* Documentation showed one consumer was prescribed as required psychotropic medication to manage pain, however, on three occasions it was administered, pain charting did not occur prior to or after administration to understand the severity of pain experienced and the effectiveness of the medication. Management acknowledged the information documented did not support the use of as required medication and charting was not undertaken appropriately.
* Documentation showed the consumer had an infection and was reviewed by a Medical officer, with various treatments trialled with no effect. Despite being ongoing, there was no evidence indicating further review of the infection had occurred in the 13 days prior to the Assessment Contact. The representative raised concerns with the length of time the consumer had been suffering from the infection with no evidence of it being treated effectively.
* Documentation showed psychotropic medication was trialled, and noted to have minimal effect, for one consumer who demonstrated a change and increase of behavioural episodes. The representative said they had not signed a consent form for the use of the medication. Five Behaviour charts sampled demonstrated non-pharmacological strategies used to manage the consumer’s behaviour were not documented.
* There was no evidence indicating risks associated with the use of chemical restraint had been explained to a further two consumers or representatives prior to administration. Additionally, review periods were noted to be six-monthly, which is inconsistent with the organisation’s policy requiring a three month review.
* Restraint forms for 14 consumers subject to environmental restraint were incorrectly recorded as seclusion and had not been signed by the consumer or representative. Management reported staff do not understand how to determine the relevant restrictive practice which is being addressed.

The provider acknowledges most of the Assessment Team’s findings, however, the provider’s response includes further information and evidence in relation to the consumer who had a stage three pressure injury. The response states that the consumer refuses all levels of repositioning, and prior to the Assessment Contact, an air mattress was introduced to minimise their risk of pressure injuries. Wound charting for 12 April 2022 to 13 April 2022 and 25 April 2022 to 28 April 2022 and progress notes were provided to demonstrate daily wound reviews were conducted and the wound was reviewed by a Nurse practitioner on four occasions during March to May 2022.

The response also includes actions taken to address deficiencies identified by the Assessment Team, which include, but are not limited to, updating policies and procedures, staff training, reviewing management structure, implementation of a high impact high prevalence multidisciplinary review process, communication with named consumers and representatives to discuss care and service needs, and reviewing psychotropic medication consent forms.

I acknowledge actions taken by the service to rectify issues identified by the Assessment Team. In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and provider’s response, which demonstrates at the time of the Assessment Contact, high impact or high prevalence risks associated with the care of each consumer were not effectively managed.

I have considered that deterioration of one consumer’s wound from a reddened area to a stage three pressure injury within an 11-week period indicates ineffective wound management. While the provider maintains the consumer refuses all levels of repositioning, there is no evidence indicating alternate strategies had been considered or implemented, other than an air mattress. Additionally, despite continual deterioration of the wound, staff did not follow the organisation’s policy by undertaking assessments, charting and monitoring and ensuring management strategies were effective and promoted healing.

While the provider’s response suggests the consumer was reviewed by a Nurse practitioner on five occasions during March to May 2022, progress notes included in the response demonstrates this only occurred on four occasions. In the two earliest notes, the Nurse practitioner records improvement of the wound, however, it states this information is from staff feedback and does not refer to the Nurse practitioner’s assessment of the wound. Additionally, the last note relating to wound improvement on 18 May 2022 was entered retrospectively, after the Assessment Contact had concluded. The provider’s response also includes evidence to support their claim that daily wound reviews were conducted, however, the evidence relates to only six of 84 days the consumer had the wound prior to the Assessment Contact.

In relation to the consumer who was experiencing pain, I have considered that best practice pain management did not occur, as pain charting was not undertaken to understand the severity of their pain and need for medication, and the effectiveness of the medication after administration. While there was no evidence indicating the pain was unmanaged, the provider acknowledges staff did not adhere to the organisation’s Pain management policy and procedure. Additionally, the failure to undertake charting has resulted in the service’s inability to appropriately monitor risk associated with the consumer’s pain and ensure it is effectively managed, implement new strategies when current interventions are ineffective and ensure psychotropic medication is used only when necessary.

I have considered that one consumer’s infection was not effectively managed. I acknowledge that the infection was identified and various treatments had been trialled, however, these treatments had no effect and despite being ongoing, there was no evidence a further review of the infection had occurred in the 13 days prior to the Assessment Contact. The representative was dissatisfied with the service’s management of the infection, particularly with the length of time the consumer had been suffering.

I have also considered that one consumer’s behaviours were not effectively managed, as following a change and increase of behavioural episodes, psychotropic medication was trialled and noted to be ineffective. There was no evidence indicating other strategies had been implemented to manage the consumer’s behaviour following the determination that psychotropic medication had minimal effect. I find the administration of psychotropic medication to the consumer falls within the definition of chemical restraint, as it was administered for the purposes of influencing the consumer’s behaviour. As a result, the service did not meet it’s obligations under the *Quality of Care Principles 2014*, as non-pharmacological strategies were not trialled and informed consent was not obtained prior to administering chemical restraint.

In relation to the service’s failure to obtain informed consent for a further two and 14 consumers subject to chemical and environmental restraint respectively, and the incorrect recording of seclusion on restraint forms for consumers subject to environmental restraint, I have considered that evidence does not demonstrate ineffective management of high impact or high prevalence risks and is more aligned with Requirement (3)(a) in this Standard and Requirement (3)(e) in Standard 8 Organisational governance, which were not assessed at the Assessment Contact.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed Requirement (3)(b) in this Standard. As all other Requirements in the Standard were not assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

Requirement (3)(b) was found non-compliant following an Assessment Contact conducted on 16 March 2021, where it was found consumers were unable to move freely outdoors. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit.

The Assessment Team recommended the service meets Requirement (3)(b) in this Standard. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I find the service compliant with Requirement (3)(b). I have provided reasons for my findings under the specific Requirement below.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

This Requirement was found non-compliant following an Assessment Contact conducted on 16 March 2021, where it was found consumers were unable to enter the outside garden area independently.

The Assessment Team’s report for the Assessment Contact conducted on 19 May 2022 did not include evidence of actions taken by the service in response to the non-compliance. However, the Assessment Team found the service demonstrated the environment enables consumers to move freely, both indoors and outdoors.

The Assessment Team provided the following information and evidence collected through interviews, observations and documentation, which are relevant to my finding in relation to this Requirement:

* Consumers said they feel safe and were satisfied the environment is clean and well maintained. One consumer confirmed they can go outside when they want to.
* Staff described maintenance and hazard reporting processes and said requests have been resolved and are responded to a timely manner. Staff said they know consumers well and offer to help them outside before they ask.
* Policies and procedures are in place to guide staff in relation to maintenance and hazard risk management. All safety equipment is audited monthly by an external contractor and a description of each audit is maintained.
* The Assessment Team noted doors leading into the garden were heavy and hard to open, however, signage was observed instructing consumers to ask for assistance.
* The Assessment Team observed cleaning being completed throughout the day, including carpets, consumers’ rooms and dining areas.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# 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 3 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to:
* provide appropriate care relating to pressure injury, pain, infection and behaviour management, and medication administration;
* recognise changes to consumers’ health and well-being, take appropriate action, implement management strategies and initiate referrals in a timely manner to Medical officers and relevant specialists; and
* identify changes to consumers’ personal and clinical care needs and implement appropriate monitoring processes.
* Ensure policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks 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.