Performance

Report

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| Name of service: | Ocean Star Aged Care |
| Service address: | 207 Ocean Drive BUNBURY WA 6230 |
| Commission ID: | 7249 |
| Approved provider: | Catholic Homes Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 12 October 2022 |
| Performance report date: | 23 November 2022 |

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 Ocean Star Aged Care (**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.

# 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; and
* the service’s response to the Assessment Team’s report received 1 November 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service was previously found to be Non-compliant in this Requirement following an Assessment Contact on 19 May 2022 as pain, wounds, behaviours and use of psychotropic medication were not managed effectively. The service introduced a range of improvements, including weekly multidisciplinary meetings, staff training and additional resources for staff to return the service to compliance.

The Assessment Team has recommended this Requirement remains Non-compliant due to staff not responding in a timely manner to Consumer A’s weight loss and not managing their falls as per procedures. Consumers B’s pain was not managed effectively.

Consumer A has had a weight loss of 13.6 kg since their admission in November 2021. Whilst the consumer was seen by a dietitian in July 2022, staff did not escalate or act to monitor their intake or refer again to the dietitian. Whilst the consumer is receiving nutritional supplements as prescribed, the service is not recording the amount they are drinking each time or charting their food intake.

Consumer A has also had three falls (from a lowline bed to a crash mat) where the service has not followed policy by recording neurological observations in response to the falls. The Assessment Team asserts staff are not supported to understand their roles and responsibilities to prevent or reduce harm from high impact risks, such as falls.

Consumer B had a fall which resulted in them wearing a plaster cast on their arm. The Assessment Team stated that post fall, pain charting was not completed consistently to effectively identify pain.

The service refuted the Assessment Team’s recommendations and submitted additional evidence, including progress notes, charts, corrective action plans and policies to demonstrate they are Compliant with this Requirement.

In relation to Consumer A weight loss, the service states that they were overweight when they entered the facility with a BMI of 29.757 and they now have a healthy BMI of 25.1093. They also provided evidence to show that they have followed the direction of the dietitian who stated that they are at a healthy weight but are at risk of further weight loss due to their diagnosis. Despite the general practitioner advice that the service to cease weighing Consumer A, the service is still monitoring their weight anyway. The multidisciplinary meeting continues weekly which monitors all consumers, including a registered nurse template to review clinical issues.

The service acknowledged that some staff did not follow the policy in relation to falls. They have introduced additional continuous improvement items to ensure staff understand their responsibilities and accountabilities, including training, procedures and processes to ensure consumers are being monitored correctly.

In relation to Consumer B, there has been targeted training for pain since the previous Assessment Contact, including review and implementation of policies and procedures and flow chart for care workers. The weekly multidisciplinary meeting also covers consumer pain and it is discussed for each consumer each week.

I have considered the Assessment Team’s report and the service’s response and I have come to different view to the Assessment Team.

Whilst Consumer A has had a weight loss, it has been over a long period, they have been reviewed by a dietitian and the service is following the recommendations and providing the consumer supplements. Whilst charting is not always completed, both the dietitian and the general practitioner are satisfied with the consumer’s weight and state with their diagnosed condition that they will continue to lose weight as the disease progresses. The service, as evidenced in their response, has acted to ensure staff have been educated in food charting and the monitoring of consumers at risk of weight loss. Since the visit, the consumer has been visited again by the dietitian who updated the food and nutrition chart.

In relation to the assertion by the Assessment Team that staff are not supported to understand their roles and responsibilities to prevent or reduce harm from high impact risks, such as falls, staff education and understanding of their role is not relevant to this this Requirement. However, staff have not followed policy and procedure in falls management. As there was no injury or harm to the consumer and the Assessment Team did not state this was a systemic issue, I trust the remedial action already undertaken by the service will be effective.

On review of the pain policy provided by the service it states that pain charting is only done by exception when the consumer is experiencing pain. Consumer A has a liquid pain management medication charted for three times a day and it was noted they sometimes refuse. However, the focus of the pain in the Assessment Team’s report was around the return to the service of the consumer with a plaster cast on their arm following a fall. Pain charting shows that charting was completed daily for the period mentioned. The report states that staff advised it should be completed once per shift but that is not congruent with the service’s policy. The intentional rounding procedure, to look holistically at the consumer, introduced by the service states that at a minimum once per shift the procedure it to be completed. Part of this includes assessment of consumers pain and I can only assume that this is what staff were referring to. The report did not detail the consumer was in pain expect for one occasion where mild pain was recorded as per the abbey scale and the consumer eventually went back to sleep. When they did wake later with severe pain, the regular pain medication was provided, which was recorded as effective.

Accordingly, I find Requirement 3(3)(b), Effective management of high impact or high prevalence risks associated with the care of each consumer, 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)