Performance

Report

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| Name: | St Charbel's Care Centre |
| Commission ID: | 0978 |
| Address: | 2 Waterloo Road, Punchbowl, New South Wales, 2196 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 November 2023 |
| Performance report date: | 13 December 2023 |
| Service included in this assessment: | Provider: 5231 St Charbel's Care Centre Ltd  Service: 19425 St Charbel's Care Centre |

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 St Charbel's Care Centre (**the service**) has been prepared by G Cherry, 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 (performance assessment) – 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 6 December 2023.

# 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)(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. | Compliant |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Systems to ensure consumers receive safe and effective clinical care are not evident. The assessment team bought forward evidence regarding a lack of clinical care relating to wound prevention/management, pain management, oxygen therapy, behaviour support and restrictive practices result in negative consumer outcomes. Sampled consumers/representatives’ express dissatisfaction in relation to provision of clinical care, citing insufficient staff knowledge a contributing factor. Observations and documentation review demonstrate inadequate/inappropriate clinical care. Interviewed management personnel acknowledged deficiencies in evidence bought forward.   
Sampled representatives expressed general satisfaction regarding falls management and incident reporting. Review of documentation for consumers identified as high risk or history of falling demonstrated risk assessment and interventions to minimise their risk. Falls prevention strategies include provision of equipment beds, sensory alerts, appropriate bedding individualised equipment such as soft helmets/hip protectors. Monitoring processes requiring regular siting of consumers and seating in communal areas are methods to monitor safety. Regular medication and physiotherapy reviews, exercise and mobility programs support falls prevention and management. Interviewed staff demonstrate knowledge of response processes including escalation for registered nurse assessment, completion of clinical observations and appropriate registered nurse treatment to determine additional reassessment, medical officer review and/or hospital transfer. However, via document review, the assessment team bought forward evidence for one consumer experiencing a deterioration of their condition, including increase in pain not escalated to registered nurses, nor provided with appropriate responsive care in a timely manner. The approved provider’s response included evidence of pain assessment and subsequent medication administration when required.

Via review of documentation for four consumers identified by the service as requiring pressure injury/wound care, the assessment team note wound management plans reviewed and dressings consistently completed, pain monitoring documents completed as required and medical officer review. However, for one consumer, conflicting directives in assessment documentation resulted in lack of pressure relieving care, incomplete incident documentation, undignified wound photography plus lack of pressure relieving/preventative equipment. In their response, the approved provider demonstrated completion of required wound management documentation and while acknowledging not all photography conducted at each review demonstrate wound review consistently conducted.

The assessment team bought forward evidence of one consumer’s chronic pain not appropriately managed post-surgery. Pain management requirements/directives not documented within pain management plans to guide care delivery and pain assessments not undertaken when required. Evaluation/review of pain-relieving medication effectiveness is not consistently documented, nor escalation in pain resulting in medical officer review. Senior clinical staff advised awareness of deficits relating to pain assessment/management. In their response, the approved provider supplied evidence of alternative documents demonstrating appropriate pain management prevention/strategies. Review of documentation for one consumer requiring oxygen therapy, lacked documented directives relating to strategies/interventions to mitigate risk of respiratory infection and pressure injury. Policies/procedures guide staff in relation to cleaning oxygen equipment, however the assessment team note this had not occurred, nor a process to ensure skin integrity is regularly reviewed. The approved provider supplied evidence of documentation detailing appropriate management of oxygen therapy, including cleaning, monitoring, plus medical officer and specialist referral. Review of documentation for three consumers (assessed as requiring medication deemed a restrictive practice), detail incomplete entries to demonstrate current informed consent regarding psychotropic medication nor use of non-pharmalogical alternatives/interventions prior to administration of medication. Behaviour support plans (BSP) to guide staff in care delivery contain incomplete/generic strategies, not tailored to consumers’ specific needs. Interviewed clinical staff did not demonstrate an understanding of restrictive practices. In their response, the approved provider supplied evidence of completed documentation for named consumers plus evidence of an effective renewal process to ensure currency, also noting relevance of behaviour support strategies.

Sampled representatives raised concerns regarding meal provision, such as unappetising, inadequate quality and lack of variety, resulting in consumers not consuming meals, and/or requiring support and encouragement. The chief executive officer explained review of registered nurse duties to include responsibility for overseeing meal service as a mechanism to support consumers (the assessment team observed this occurring), and in their response the approved provider supplied evidence of a focused consumer/representative forum to discuss meal service. Some interviewed staff noted due to English not being several consumer’s language of choice some staff experience difficulty in ascertaining consumers’ needs. The assessment team observed several staff not responding to one consumer’s requests for assistance. In their response, the approved provider supplied evidence of staff attendance to the named consumer’s needs, noting ability of multiple staff communicating in consumers choice of language.

I have considered the approved provider’s evidence relating to named consumers resulting in demonstration of systems and processes to ensure consumers receive safe and effective care. I find requirement 3(3)(a) is 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)