Performance

Report

**1800 951 822**

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| Name of service: | St George Aged Care Centre |
| Service address: | 3 Verdun St BEXLEY NSW 2207 |
| Commission ID: | 2558 |
| Approved provider: | Marlowe Homes Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 November 2022 to 9 November 2022 |
| Performance report date: | 13 December 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 St George Aged Care Centre (**the service**) has been prepared by M Buhagiar, 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 following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service: Directions Notice 23 July 2021, Notice to Agree 12 August 2021, Notice to Agree 30 March 2022, Notice to Agree 11 November 2022.

**Assessment summary**

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |

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 2(3)(a) The approved provider must demonstrate that the consideration of risk occurs through assessment and planning and those risks are identified and documented to ensure the delivery of safe and effective care.

Requirement 3(3)(a) The approved provider must demonstrate that each consumer gets safe and effective personal care, clinical care, in the areas of wound care, nutrition and weight management, pain management, bowel management, postural hypotension, behaviour support and clinical observations.

Requirement 3(3)(b) The approved provider must demonstrate that high impact or high prevalence risks associated with consumers is being managed effectively in relation to medication safety, unplanned weight loss and behaviour support.

Requirement 3(3)(d) The approved provider must demonstrate consumers reviewed are appropriately managed when they had a deterioration or change in their care needs, and they are responded to in a timely manner.

Requirement 4(3)(a) The approved provider must demonstrate that each consumer is supported and receives meaningful interaction that meets the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

Requirement 7(3)(a) The approved provider must demonstrate that there are sufficient staff to deliver safe and effective care and that call bells are responded to in a timely manner to reduce the impact on consumers.

**Other relevant matters:**

The service is a stand-alone service which has been Non-compliant since March 2022 in 29 Requirements across 8 Quality Standards.

The Assessment Team conducted an Assessment Contact on 8-9 November and only assessed 6 of the 29 Non-compliant requirements. The assessed Requirements were: 2(3)(a), 3(3)(a), 3(3)(b), 3(3)d), 4(3)(a) and 7(3)(a). These assessed Requirements remain Non-compliant.

The Assessment Team did not assess the following Non-compliant Requirements and these Requirements remain Non-compliant: 1(3)(d), 1(3)f), 2(3)(b)-(e), 3(3)(g), 4(3)(a), 4(3)(b), 4(3)(f), 4(3)(g), 5(3)(a)-(c), 6(3)(c), 7(3)(c)-(e).

**Standard 2**

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |

**Findings**

The Service was previously found to be non-compliant with this requirement following the Site Audit conducted 1 March to 15 March 2022, as it could not demonstrate that assessment and planning always consider risks to the consumers' health and well-being and does not always inform the delivery of safe and effective care and services. While the service has a schedule to guide staff in completing assessments on entry to assist in the development of care plans, the process is not always followed. Review of care and service records shows for some consumer’s assessments are not completed and for some consumers risk assessments were completed, but the information is not used to manage risk.

The Assessment Team identified during the Assessment Contact conducted 8 to 9 November 2022, that the service is unable to demonstrate an effective assessment and care planning system is in place. The consideration of risk has not occurred to identify and document strategies to ensure the delivery of safe and effective care in relation to wound skin integrity and wound management, pain, bowel management, postural hypotension, and behaviour support.

The approved provider did not respond to the Assessment Team’s report and therefore I could not determine any improvements that the provider may have implemented to address the non-compliance.

I find that the approved provider is non-compliant with this requirement.

**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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant |

**Findings**

The Service was previously found to be non-compliant with these requirements following the Site Audit conducted 1 March to 15 March 2022, as the service could not demonstrate that each consumer is receiving personal and clinical care which is safe and effective, consistent with best practice, tailored to the individual's needs and which optimises their health and well-being. There were significant gaps in the monitoring and management of behaviour, pain, weight loss, skin integrity, nutrition, bowels and medication incidents for consumers. The service was also unable to demonstrate that high impact and high prevalence risks associated with the care of each consumer were being identified, monitored and managed. There has been a lack of clinical oversight for effective risk management. The service was unable to demonstrate consumers who experience a change in their condition have their needs recognised and responded to in a timely manner.

The Assessment Team identified during the Assessment Contact conducted 8 to 9 November 2022, that the service was not able to demonstrate consumers get safe and effective personal care or clinical care that is tailored to their needs and preferences or is best practice. Although some consumers and representatives provided positive feedback about their clinical care and said staff knowledge around consumer care needs was good, observations and documentation reviewed showed safe and effective clinical care is not being provided by the service in relation to wound care, nutrition and weight management, pain management, bowel management, postural hypotension, behaviour support and clinical observations. The service is unable to demonstrate that high impact or high prevalence risks associated with sampled consumers has been managed effectively in relation to medication safety, unplanned weight loss, behaviour support.

The service is unable to demonstrate consumers reviewed are appropriately managed when they had a deterioration or change in their care needs, and they were responded to in a timely manner. Clinical files reviewed show deterioration is not identified and appropriate actions taken in areas such as wounds care and signs of shock related to sepsis.

The approved provider did not respond to the Assessment Team’s report and therefore I could not determine any improvements that the provider may have implemented to address the non-compliance.

I find that the approved provider is non-compliant with these requirements.

**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. | Non-compliant |

**Findings**

The Service was previously found to be non-compliant with this requirement following the Site Audit conducted 1 March to 15 March 2022, as it could not demonstrate the leisure and lifestyle service and support needs for all consumers have been identified and documented. Some consumers have been involved in activities of interest to them but have had minimal participation, including a consumer who has been assessed as requiring these supports for behavioural management. The Assessment Team acknowledges adjustments had to be made to the programs due to the COVID-19 outbreaks. One to one support was to be provided; however, it was not demonstrated they have been provided often. During the performance assessment minimal participation in activities and a lack of meaningful engagement was observed for many consumers.

The Assessment Team identified during the Assessment Contact conducted 8 to 9 November 2022, through observations, interviews and documentation review, that during the assessment contact a consumer was ignored by staff and his requests for food, mobilising and engagement were declined which directly impacts both his physical and mental health and wellbeing.

During the assessment contact visit the Assessment Team was walking behind a staff member accompanying a female consumer down a corridor. The consumer’s pants fell to ground while they were walking along the corridor. The consumer did not appear to be wearing any underwear so her lower body was completely exposed. The staff member did not appear to notice that her pants were now around her ankles and kept walking with the consumer while the consumer shuffled along beside the staff member. The Assessment Team called out to the staff member and alerted the staff member to the consumer’s state of undress.

The approved provider did not respond to the Assessment Team’s report and therefore I could not determine any improvements that the provider may have implemented to address the non-compliance.

I find that the approved provider is non-compliant with this requirement.

**Standard 7**

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Non-compliant |

**Findings**

The Service was previously found to be non-compliant with this requirement following the Site Audit conducted 1 March to 15 March 2022, as it was unable to sufficiently demonstrate that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. Management said that prior to the performance assessment, the service was not regularly analysing data such as call bell response times to measure whether its staff mix, and allocation was sufficient to provide responsive delivery of safe and quality care and services to consumers when and where it is needed.

The Assessment Team identified during the Assessment Contact conducted 8 to 9 November 2022, that there continues to be a lack of adequate and skilled workforce deployment which poses risk to consumers as demonstrated in the deficits in care and services for consumers. Some consumers and representatives reported that they do not believe there are sufficient staff and that this impacts on them by needing to wait long periods for their care needs to be met. Call bell reports confirm that consumers wait extended periods of time for their calls for assistance to be responded to.

The approved provider did not respond to the Assessment Team’s report and therefore I could not determine any improvements that the provider may have implemented to address the non-compliance.

I find that the approved provider is non-compliant with this requirement.

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)