Performance

Report

**1800 951 822**

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| Name of service: | St Joseph's House |
| Service address: | 22 Norman Street PORT PIRIE SA 5540 |
| Commission ID: | 6961 |
| Approved provider: | The Catholic Diocese of Port Pirie Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 16 November 2022 |
| Performance report date: | 23 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 Joseph's House (**the service**) has been prepared by M Glenn, 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 consumers/representatives, staff and management;
* the provider’s response to the Assessment Team’s report received 6 December 2022; and
* the Performance Report dated 8 April 2022 for the Assessment Contact undertaken on 22 February 2022.

# 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **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.

**Standard 2 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* initiate assessments, develop and/or update care plans, and regularly review consumers’ care and service needs.
* undertake appropriate assessment and review of wounds and document detailed outcomes to enable effective monitoring of wound progression.
* Develop care plans that are reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review, are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |

Findings

Requirement (3)(c) was found non-compliant following an Assessment Contact undertaken on 22 February 2022 where it was found each consumer was not supported to exercise choice, including to make connections with others. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Conducted a consumer and family survey requesting feedback on visiting conditions.
* Developed and implemented a Visitor Communique to inform visitors and families of current legal requirements and the visiting risk management strategies implemented.
* Discussions with consumers on a one-to-one basis to ensure individual consumers can receive visitors at a time of their choosing.
* Updated the Consumer dignity and choice policy and created a Visiting local work instruction policy.

At the Assessment Contact undertaken on 16 November 2022, care files sampled confirmed consumers are able to exercise choice and decision making in relation to their care. Policies and procedures are available to guide staff practice and care staff sampled were familiar with dignity of risk, choice and decision making of consumers. A Visiting local work instruction policy has been developed to manage risk management strategies, awareness, consultation and communication for management, staff, consumers and representatives. The increased communication provision includes regular updates on visitor access through a range of avenues, including newsletters, meeting forums, care review process and noticeboard information. Consumers described how they are supported to make decisions about their care and maintain connections with family and friends.

For the reasons detailed above, I find Requirement (3)(c) in Standard 1 Consumer dignity and choice compliant.

# 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

Requirement (3)(a) was found non-compliant following an Assessment Contact undertaken on 22 December 2021 where it was found assessment and planning did not include consideration of risks to consumers’ health and well-being to inform the delivery of safe and effective care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Updated the Reporting and documenting local work instruction to reflect that the relevant domain of the care plan is reviewed after all incidents.
* Provided education to staff on falls and neurological observations.
* The Clinical nurse consultant and Residential services manager are providing ongoing mentorship and onsite training.

However, at the Assessment Contact undertaken on 16 November 2022, the Assessment Team recommended Requirement (3)(a) in Standard 2 not met as they were not satisfied assessment and planning documentation contained sufficient information or was being used to guide staff practice in relation to pressure injuries, depression and falls risk associated with management of blood pressure and unplanned weight loss. The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding:

Consumer A

* Initial and ongoing assessment and treatment history of a pressure injury was not evidenced. A clinical staff member indicated wound history, including deterioration, assessment and management is not maintained by the electronic care management system and stated the information could be found in progress notes and monthly Resident of the day process.
* Progress note wound evaluations for a 76 day period between September and November 2022 were not comprehensive and did not include sufficient information to inform care planning. Resident of the day evaluations for September, October and November 2022 did not record information relating to the pressure injury.
* Policy/procedure and work instructions to guide staff in the management of wound care have not been consistently followed. Photographs of the pressure injury had not been recorded at the frequency directed, with no photograph recorded after 31 October 2022.
* The September 2022 Skin integrity assessment are not reflective of the skin integrity status of the pressure injury on either the 13 September 2022 or on the day of the Assessment Contact.

Consumer B

* On entry, an Allied health assessment reported the consumer experienced dizziness upon positional change, is on anti-hypertensive medication and can become dizzy easily as their blood pressure drops suddenly.
* Although blood pressure is measured daily, sitting/standing blood pressure measurements assessing for postural change have not been recorded on falls management documents.
* Blood pressure recorded readings indicated hypotension, however, reportable perimeters to direct staff of when to notify the General practitioner were not recorded.
* Medication to manage high blood pressure are prescribed and administered, however, the General practitioner had not been informed of low blood pressure readings nor had medication needs been reassessed.

Consumer C

* A Medical discharge summary report dated November 2022 recorded low depressed mood. The consumer had not been assessed for depression to identify areas where this was impacting on daily life to provide the information needed to plan management strategies.
* Progress notes for a 31 day period between October and November 2022 record refusal of food and fluid, disinterest in food and refusal of medication, however, encouragement to comply with requests and withholding insulin are the only depression management strategies documented.
* An assessment and information regarding risks and consequences of refusal of food, fluid and medication has not been provided to Consumer C nor have discussions been initiated relating to the consumer’s right to refuse care and a dignity of risk form completed.

The provider’s response included commentary relating to consumer’s highlighted to refute some of the evidence presented in the Assessment Team’s report. The response also included actions taken in response to the Assessment Team’s report and a Plan for continuous improvement outlining planned actions and outcomes to address the deficits identified. The provider’s response included, but was not limited to:

* Created quick reference cards for wound identification and documentation.
* Reviewed and updated work instructions for Resident of the day, wound care, skin management care plans, pressure injury prevention and management and falls prevention and management.
* Ongoing communication with General practitioners to provide vital observation reportable ranges.
* Created Consumer mental health and Dignity of risk and duty of care work instructions.
* Provide education to staff on pressure injuries, wound care and wound assessment and management.

In relation to Consumer A

* Resident of the day checklists sheets show the wound changed from a stage 2 in October 2022 and continued review of the wound was attended until it was healed and wound chart closed in November 2022.
* The consumer chose to refuse wound photographs and signed a Dignity of risk form in August 2022. Some photographs were taken, but not on a schedule aligned with policy and procedure.

In relation to Consumer B

* The General practitioner requested daily blood pressure checks for a one week period with measurements sent to the General practitioner on the day of the Assessment Contact.

In relation to Consumer C

* A Dignity of risk form was completed in September 2022 relating to refusal to eat, have personal care attended and medications which had been discussed with the consumer’s representative.
* A depression scale was attended in September 2022 and shared with the General practitioner. The General practitioner sees the consumer on a regular basis and has initiated a referral to the geriatric team. The consumer has also been reviewed by the Nurse practitioner.
* Updated the Behaviour support plan.

I acknowledge the provider’s response. However, I find at the time of the Assessment Contact, the service did not ensure assessment and planning, specifically in relation to wound management, blood pressure monitoring and depressive symptoms, was effectively undertaken to ensure assessment and planning was tailored and reflective of consumers’ current needs. I have considered that this has not ensured each consumer’s assessment and/or care plan is tailored to their specific needs or informs how, for each consumer, care and services are to be delivered.

In relation to Consumer A, I acknowledge supporting documentation, specifically a Dignity of risk form, included in the provider’s response which indicates the consumer refuses to have photographs of their wound taken. However, as the consumer is known to refuse photographic documentation of the wound, it should be ensured that a detailed description of the wound at each dressing change is documented. Wound/skin management plans and evaluations, included in the provider’s response, demonstrate this was not the case. Additionally, progress notes did not include sufficient information relating to wound evaluation, and while the provider asserts Resident of the day tick sheet forms from October and November 2022 shows review of the wound continued until it was healed, evidence to support this assertion was not included in the provider’s response. I find that the lack of detail in Wound/skin management plans and progress notes does not enable staff to effectively monitor wound progression and appearance or ensure wound deterioration is identified in a timely manner and appropriate actions taken accordingly.

In relation to Consumer B, I find the care plan did not include sufficient information relating to management of the consumer’s hypotension. Care planning did not include consideration of risks relating to postural changes on the consumer’s transfer and mobility status and while blood pressure measurements were being undertaken in line with directives, reportable ranges were not identified. Where low blood pressure readings had been recorded, actions taken in response were not demonstrated.

In relation to Consumer C, supporting documentation included in the provider’s response demonstrates actions had been implemented to assess and manage the consumer’s depression. However, I have considered despite the consumer’s ongoing refusal of food, fluid and medications, strategies documented in the care plan to manage these refusals were limited. While a Dignity of risk forms dated September 2022 identifies refusal, strategies to manage this behaviour is not explicitly outlined in this document.

As such, I find for the consumers highlighted, assessment and planning processes have not ensured risks to consumers’ health and well-being are sufficiently identified or monitored to enable appropriate management strategies to be developed or that staff have the required information available to them to guide delivery of care and services, in line with the consumers’ care and service needs and preferences.

For the reasons detailed above, I find Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

Requirement (3)(b) was found non-compliant following an Assessment Contact undertaken on 22 December 2021 where it was found the service environment was not clean and well maintained, specifically maintenance issues observed had not been self-identified and addressed. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a maintenance management framework to create a consistent approach to the management, planning and delivery of onsite maintenance
* Conducting Workplace inspections six-monthly to identify issues and ensure regular visual preventative maintenance. Action lists are developed and tabled at Quality work health and safety meetings.
* Completed maintenance, repair and/or replacement of bathroom floors, courtyard sails, corridor carpets, skirting boards, window seals, comfort chairs and dining room light coverings.

At the Assessment Contact undertaken on 16 November 2022, the service environment was observed to be safe, clean, well maintained and comfortable and consumers were moving freely, both indoors and outdoors. Outdoor areas were observed to be well maintained and paths free of debris and potential trip hazards. A preventative and reactive maintenance program is in place and staff described maintenance and hazard reporting processes, as well as cleaning processes which are undertaken in line with a cleaning program. Consumers were happy with the cleaning regime, are satisfied the service environment is clean and confirmed their rooms and communal areas are cleaned daily. Consumers also indicated they can go outside if they wish.

For the reasons detailed above, I find Requirement (3)(b) in Standard 5 Organisation’s service environment 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)