Performance

Report

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| Name: | St Raphaels Home For The Aged |
| Commission ID: | 6107 |
| Address: | 2 Franciscan Avenue, LOCKLEYS, South Australia, 5032 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 2 November 2023 |
| Performance report date: | 20 December 2023 |
| Service included in this assessment: | Provider: 983 Franciscan Sisters of the Heart of Jesus (South Australia) Inc  Service: 4124 St Raphaels Home For The Aged |

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 Raphaels Home For The Aged (**the service**) has been prepared by R Beaman, 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 06 December 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 5** Organisation’s service environment | **Not 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.

Standard 3 Personal care and clinical care:

* Requirement (3)(a): Ensure each consumer receive safe and effective personal care and clinical care that is tailored to their needs and best practice including in relation to the management of diabetes, wounds, falls and restrictive practices.

Standard 5 Organisation’s service environment:

* Requirement (3)(b): Ensure the service environment is safe, clean, well maintained and enables consumers to move freely both indoors and outdoors.

# 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. | Not Compliant |

Findings

This Standard is non-compliant as Requirement (3)(a) has been found non-compliant. At the assessment contact visit in November 2023 the assessment team were not satisfied the service delivered safe and effective clinical care in relation to the management of diabetes, falls, wounds, and restrictive practices. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding.

* Three consumers provided feedback that indicated they were satisfied with the care and services they received and confirmed staff act promptly when they have any issues needing assistance.
* Two named consumers with diabetes did not have their blood glucose levels (BGLs) monitored consistently and the diabetic management plans did not document all required information to guide staff delivering care. One of the named consumers did not have insulin administered as per their care plan.
* Two named consumers’ pressure injuries were not effectively managed, and the wounds not correctly categorized, accurate measurements recorded, or photographs taken in line with the service’s policies and procedures. For one consumer their wound was not identified on admission to the service, not attended to as required and deteriorated, resulting in the consumer being transferred to hospital for further review and treatment.
  + The other named consumer’s pressure injury to their sacrum was reviewed by wound specialist at regular intervals, however the wound was not improving. Management advised the consumer removed their dressings and touches the wound which they believe is because it may be itchy for the consumer. The consumer’s behaviour support plan does not document this behaviour occurring or strategies to guide staff. The consumer’s assessment states they are to be repositioned every 2 hours however, charting indicates this is done by staff every 4 hours, staff confirmed they follow the information on the repositioning chart for the consumer not the care plan.
* One named consumer with Parkinson’s disease with a high risk of falls did not have their falls managed effectively post fall. Neurological observations were not undertaken the required times in line with policies and procedures and a review of strategies post falls was not recorded. The consumer had a head strike during one of the falls they experienced in October 2023 and less than half the required neurological observations were undertaken by staff post fall.
* Three named consumers who are able to weight bear and mobilise with assistance had a mechanical restrictive practice in place of their beds at the lowest setting as therapeutic reasons without valid informed consent, alternative strategies in place or risk assessments completed for the restrictive practice.
* Seven consumers who are administered psychotropic medications for agitation, anxiety or depression without diagnoses were not considered a chemical restraint and no valid informed consent or alternative strategies trialled recorded.

The provider did not agree with all the findings in the assessment team’s report and provided additional commentary and evidence in relation to their assertions. This included for one consumer identified with a wound the provider asserts the consumer did not have the wound on admission and when identified it was regularly monitored and treated by clinical staff and where required the medical officer also reviewed. The provider’s response included wound charting information that indicated the wound was regularly monitored by clinical staff between 21 August 2023 and 8 September 2023 and shows the wound deteriorated from a stage 1 to stage 2.The provider also included a memo to all clinical staff advising they are to refer all wounds for review to the medical officer when they felt they needed further review and they have put in place a process for the clinical manager to review all wounds weekly to determine if any need to be referred further.

* In relation to the issues identified in the assessment team’s report relating to pain and diabetes, the provider included in their response action taken since the assessment contact visit which include a review of policies and procedures for diabetes and post falls management with further education delivered to staff. In relation to restrictive practices, the provider asserts consent has been gained from consumers and/or their representatives and staff educated further since the assessment contact.
* I acknowledge the information included in the provider’s response and the actions that have been taken in relation to the deficits identified in the assessment team’s report. However, I find the service did not demonstrate it effectively and safely manages personal and clinical care of each consumer or that care, and services are in line with best practice or tailored to each individual consumer’s needs. In coming to my finding, I have considered the evidence in the assessment team’s report in relation to diabetes management, post falls management, wound management, and restrictive practices. Whilst the provider has provided evidence to show the first consumer’s wound was monitored by staff, I have placed weight on the information in the assessment team’s report and provider’s response that shows the wound for the second named consumer was not consistently monitored or managed in line with best practice and the consumer’s behaviour support plan did not reflect their individual behaviours in relation to wound care which would have provided staff with a guide to delivering care in this area. I acknowledge this has been updated since the assessment contact visit.
* In relation to the consumer who experienced falls, the provider asserts neurological observations were completed and included those charts in their response. I acknowledge the information provided and find this is in line with the organisation’s policy of undertaking observations post fall every half hour for 2 hours then hourly for 4 hours and then hourly for the 24-hour period. The information in the provider’s response or the assessment team’s report does not include the time of the incident which does not provide the baseline timeframe for when the first observation was to have occurred.
* In relation to diabetes management, I have considered the information in the provider’s response and acknowledge the changes made to consumer diabetic management plans and education of staff, however place weight on the information in the assessment team’s report that shows two consumers did not have effective monitoring of their condition and did not receive their insulin medication as directed.
* In relation to restrictive practices, I have considered the information in the provider’s response that shows the actions taken since the assessment contact to rectify the deficiencies identified, however I place weight on the information in the assessment team’s report that shows ten named consumers did not have valid informed consent in relation to either mechanical or chemical restraint or alternative strategies to show the restraint is the last resort in place for the least time.

For the reasons above, I find Requirement (3)(a) in Standard 3 Personal care and clinical care 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. | Not Compliant |

Findings

Requirement (3)(b) in this Standard was found non-compliant following an assessment contact undertaken on 30 March 2023. The finding of non-compliance related to the service environment not being clean, safe or well maintained for consumers, and consumers were not able to move freely indoors and outdoors. Since March 2023 the service has implemented actions to address the deficits identified including upgrading the kitchen area to ensure cleanliness and safety with an appropriate chemical storage identified, lifestyle charts implemented to ensure consuemrs had access to outdoors, solar panels to ensure power in event of power outage and levelling the grassed area to the courtyard to reduce trip hazards when consumers access the area.

At the assessment contact in November 2023 the assessment team were not satisfied the service environment was safe, clean or well-maintained in relation to the outdoor areas, outdoor furniture and planned improvements had not been actioned. The assessment team’s report included the following information and evidence gathered through observation, interview and documentation review relevant to my finding:

* Observations of the outdoor area showed it was not level, pavers missing, pavers stacked in the outdoor area with exposed dirt at the back of the courtyard that consumers were observed using. Consumers were observed using the outdoor area and one consumer was observed not using the walkway and walking on unlevelled grass area and picking fruit that had dropped to the ground. Other pathways were observed with sunken pavers making the walkway not level or safe and consumers using those pathways without supervision. Garden beds were observed with exposed pipes posing trip hazards.
* Sliding doors to the outdoor area had been made level however, the ramps to assist consumers to access the garden area were observed to now not fit the doorways with a gap between the doorway and the ramp.
* Staff were aware of how to report hazards or issues requiring maintenance. At the time of the assessment contact the maintenance officer was on leave and there was no process in place to rectify issues requiring maintenance or hazards reported by consumers or staff.

The provider acknowledged the findings in the assessment team’s report and included additional information and actions taken and planned to address the deficits identified. In relation to the trip hazards observed by the assessment team, the provider asserts works have now been completed to eliminate any hazards in the courtyard. The provider asserts the uneven walkways observed have been made safe and fittings such as hoses and pipes have been placed away to prevent hazards to consumers. The provider asserts the pathways identified in the assessment team’s report are not walkways and these will now have urgent attention by staff to ensure consumers do not use these, and they have received quotations to have fences put in place to prevent access to these areas. In relation to the ramps, the provider’s response includes information that professionally made ramps were expected to be completed in December 2023.

I acknowledge the information in the provider’s response and have considered the actions taken since the assessment contact. However, I place weight on the information in the assessment team’s report that shows the service environment was not safe or always well maintained for consumers’ use. Whilst consumers are now able to use the outdoors and can now access those areas with free movement, this is not able to be done in a safe manner which is what is expected of this requirement. I acknowledge the actions the provider has implemented and plans to implement but find these will need time to be fully embedded or completed to show efficacy of those.

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