Performance

Report

**1800 951 822**

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| Name: | Star of the Sea Home for the Aged |
| Commission ID: | 6028 |
| Address: | 15 Elizabeth Street, WALLAROO, South Australia, 5556 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 June 2024 |
| Performance report date: | 25 July 2024 |
| Service included in this assessment: | Provider: 1318 The Catholic Diocese of Port Pirie Inc  Service: 4045 Star of The Sea 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 Star of the Sea Home for the Aged (**the service**) has been prepared by Dee Kemsley, 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 12 July 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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.

* Requirement 2(3)(b) – the service should ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, and particularly in relation to consumers’ needs and preferences in relation to Influenza or COVID-19 vaccinations, and antiviral treatments when the consumer is COVID-19 positive.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not Compliant |

Findings

The Quality Standard is assessed as not compliant as one of the five specific Requirements has been assessed as not compliant.

At the Assessment Contact conducted on 26 June 2024, as part of the Commission’s Vaccination Regulatory Program, the Assessment Team found the service was unable to demonstrate assessment and planning consistently identified consumers’ needs and preferences to guide staff in the provision of care. The service had not actively discussed current vaccination guidelines with consumers, to ensure assessment and planning processes identified consumers’ needs. Outcomes regarding consumers’ preference to receive an Influenza or COVID-19 vaccination were not effectively communicated to the consumer or their representatives, and documented. The service could not demonstrate appropriate decision making and consent practices were followed, specifically for consumers living with a cognitive impairment.

Consumers or their representatives advised the Assessment Team they had not received sufficient information on seasonal Influenza and COVID-19 vaccinations during care planning processes. The Assessment Team identified in the past 12 months, while most consumers had received an Influenza vaccination in 2024, most consumers had not received a COVID-19 vaccination; no COVID-19 vaccination refusals were recorded. Most representatives of consumers living with cognitive decline were not aware consumers were administered the Influenza vaccine, they had not signed consent, and had not been informed of COVID-19 vaccinations being arranged or undertaken in the past 12 months. Assessment processes directed staff to verify consumers’ capacity to provide consent, and if not consultation with representatives or medical officers was to occur. However, care documentation showed a high proportion of consumers with cognitive decline had signed vaccination consent forms.

Most care documentation did not evidence discussions occurred with consumers or their representatives regarding consumers’ vaccination needs/preferences, nor the decision makers’ consent for Influenza vaccines already administered or COVID-19 vaccinations still to be administered. While some representatives said antiviral treatment was discussed on service entry, or once the consumer tested positive for COVID-19, some representatives said these discussions had not occurred. The Assessment Team noted the service had self-identified deficiencies in reporting vaccination requirements to the Board and had implemented corrective actions. The organisation now had documented process for tabling and monitoring vaccination data, which was recorded on the clinical risk register. While notifications of COVID-19 outbreak information with antiviral usage was previously issued, the Board would now also receive reviewed monthly vaccination trends.

Management told the Assessment Team they were unaware of the lack of vaccination communication with consumers/representatives, or the inappropriate consent practices for consumers with a cognitive impairment. They acknowledged care documentation did not support consultation occurred for Influenza or COVID-19 vaccinations, and vaccination consent was inappropriately completed. Management committed to reviewing the services’ continuous improvement plan; to audit the consent forms in place, provide open disclosure in relation to consumers who did not have capacity to sign previous consent forms, inform consumers and representatives of recommended vaccinations, and ensure staff received education on informed consent. While vaccinations were promoted via displayed or written communication, and through discussions with nursing staff and medical officers, management said monthly consumer meetings were an opportunity to further discuss vaccinations, which had not previously occurred.

Delays in administering the COVID-19 vaccinations was due to COVID-19 outbreaks, staffing requirements, and facilitating arrangements with medical associates for the vaccine delivery. Management did not have a set date for the next COVID-19 vaccination clinic. Management acknowledged consideration had not been given to vaccinating consumers on a rolling intake following consent, nor to other avenues for administration such as the pharmacist. Medical officers conducted antiviral therapy discussions and consumers/representatives had not declined antiviral treatment; staff record any declined medications. Management undertook to revisit consumer conversations to assist their understanding of risks, and to support decisions or consents regarding antiviral treatments. The service did not stock antiviral medication as the pharmacist supplied this 24/7 as required.

The approved provider, in their response to the Assessment Contact report, provided an updated plan for continuous improvement and said a consent audit was completed. Where consumer representatives weren’t consulted of administered Influenza vaccinations, open disclosure process were completed. Information on consumers with cognitive impairment requiring representative involvement was now readily available, and staff education on consent was being conducted. The policy containing appropriate consent practices was updated, and COVID-19 vaccination consents were to be completed with adequate information provided and appropriate consent practices applied. Updated work instruction with current information about vaccinations, eligibility, and frequency were issued. Information on COVID-19 vaccinations was being provided bi-monthly on consumers’ breakfast trays, and to representatives via ongoing written communication. Where vaccinations were refused, a dignity of risk assessment was being completed.

The approved provider said, and documentation submitted demonstrated, while numerous requests for the timely administration of the COVID-19 vaccination were made, this had not occurred due to time constraints of medical providers/associates, and the lack of available resources or appointments. The approved provider is to engage in a continuing agreement with a medical associate to facilitate more timely administration of vaccinations, including vaccinating smaller consumer groups to provide improved access. The service’s long-term plan is for a registered nurse to complete accredited training for vaccination to occur at site level. Medical officers and clinical staff discuss antiviral therapy when the consumer is COVID-19 positive for decisions of consumers’ needs at the time of infection. Most consumers receive antiviral therapy within 24hrs of COVID-19 positive results; all consumers within 48hrs. The infection prevention and control policy was updated to reflect current guidelines, and duties of infection prevention and control leads reviewed.

While the organisation has commenced improvements in response to the deficiencies identified at this Assessment Contact, work is still underway that needs evaluation to ensure it is effective. Further, I note the approved provider did not submit a COVID-19 vaccination register as part of their response. As the organisations’ updated vaccination work instructions reflect, consumers aged 75 years and over may receive a COVID-19 vaccine dose 6 monthly, and consumers aged 65 who are severely immunocompromised, are eligible to receive a COVID-19 vaccine dose 6 monthly based on individual risk benefit assessments. However, the approved provider has not addressed how the service is to assess for, and/or monitor, age related vaccination due dates. I also note in their response, the approved provider has not considered discussing antiviral treatments with consumers or their representatives, to identify or obtain their preferences/consent for this treatment prior to consumers being infected with COVID-19.

I was not provided sufficient evidence in the provider’s response to satisfy me that the organisation has fully addressed and rectified all the deficiencies identified. However, I acknowledge the approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice in the service to ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences; particularly regarding consumers’ needs and preferences in relation to Influenza or COVID-19 vaccinations, and antiviral treatments for when the consumer is COVID-19 positive. Accordingly, I find Requirement 2(3)(b) is not 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)