Karana

Performance Report

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**Commission ID:** 3482

**Provider name:** Yarrawonga Health

**Assessment Contact - Desk date:** 23 November 2021

**Date of Performance Report:** 20 January 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received 22 December 2022
* information made available from other parts of the Aged Care Quality and Safety Commission (Commission).

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The focus of this assessment contact - desk was to assess the service’s performance in two requirements under this standard following information made available by other parts of the Commission in relation to the care experience of a consumer residing at the service.

The Assessment Team sampled the consumer and other consumers during the assessment contact and found assessment and planning is not based on ongoing partnership with the consumer and representative. The Assessment Team found care and services are not reviewed regularly for effectiveness when circumstances change or when incidents occur.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(c) Non-compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The Assessment Team found while the service includes other organisations, individuals and providers of care in assessment and planning, the service could not demonstrate ongoing partnership with the consumer and their representative. Evidence included feedback from consumers they were not aware of care plans or planning processes and dissatisfaction from two representatives in relation to advocating for their consumer. While staff said representatives are contacted as part of the ‘resident of the day process’, representative interviews and documentation did not support this.

The provider acknowledged the deficits and the response included extensive remedial action commenced to improve partnership with consumers and representatives in the assessment and planning for consumers. Action commenced with associated evidence includes:

* ceasing admissions while review of all assessment and planning documentation has occurred
* engaging an independent older person nurse practitioner to undertake a comprehensive assessment of all consumers in the service and provide education to staff
* engaging a project lead to review the service’s ‘resident of the day’ process and implement standardised best practice systems, including evidenced-based assessment tools and a quarterly family case meeting, following which a copy of care plan and minutes will be offered to consumer/representative
* seeking guidance and resources from a specialist organisation in relation to end of life planning.

The provider provided evidence they have engaged with each representative for the name consumers in the report. Open disclosure of the assessment contact report and action plan has taken place with consumers and representatives. The provider has strengthened management oversight roles and governance processes.

While I acknowledge the extensive remedial action already commenced, this action is still progressing and is yet to be fully embedded and evaluated. I find the service is non-compliant with this requirement.

### Requirement 2(3)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found, while care planning documentation showed evidence of review on a regular basis, for consumers sampled there was no appropriate review when circumstances changed or when incidents occurred. Evidence for a consumer included not reviewing care and services for effectiveness when an event of constipation occurred and not reviewing the consumer’s toileting regime to ensure it met their changing continence needs. Evidence also included lack of review of behaviour assessment and planning for two consumers with changing needs.

The provider’s response acknowledged the evidence and included information of action taken since the audit to address the deficits. This included a specific continuous improvement plan, including standardise care practices, in relation to constipation and processes to strengthen oversight and monitoring of staff practice.

In response to deficits in scheduled toilet management, the provider action included information of implementation of evidence-based assessment tools with clear parameters for escalation of care.

In relation to behaviour management action taken includes review of named consumers, assigning a restrictive practice lead, and, planned education for staff on clinical assessment and developing behaviour support plans.

While I acknowledge the remedial action already commenced by the provider, these improvements are still in progress and not yet fully embedded and evaluated. I find the service is non-compliant with this requirement.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The focus of this assessment contact - desk was to assess the service’s performance in three requirements under this standard following information made available by other parts of the Commission in relation to the care experience of a consumer residing at the service.

The Assessment Team sampled the consumer and other consumers during the assessment contact and found the service was not able to demonstrate:

* each consumer receives safe and effective clinical care that is best practice, tailored to their needs and optimises their health and wellbeing
* effective management of high impact high prevalent risks, or
* effective practices to recognise and respond to deterioration in a consumers health and wellbeing in a timely manner.

The Quality Standard is assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team found the service was not able to demonstrate effective clinical care that is best practice, tailored to consumer needs, and, optimises their health and wellbeing. Evidence included a consumer subject to chemical restraint not recognised or managed according to best practice requirements; ineffective identification and monitoring of pain relating to three consumers sampled; and, not reporting skin integrity issues as per the organisation’s policy and procedure.

The provider’s response acknowledged deficits identified and included information of actions and evidence implemented to review and manage the care for the named consumers. An assessment of each consumer was conducted to confirm all wounds had been identified and daily skin integrity checks reviewed.

The provider has implemented actions to review the service’s psychotropic register, provide education to staff on restrictive practices, and, assign a portfolio lead to monitor practice. Action to address pain and skin integrity includes planned education for staff, identification of a wound champion, and reinstating the pressure and wound working group.

While I acknowledge the action already commenced by the provider, these improvements are still in progress and not yet fully embedded and evaluated. I find the service is non-compliant with this requirement.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service was not able to demonstrate effective management of high impact high prevalence risks in relation to bowel, behaviour and dysphagia management. This was supported by evidence of the care experience for two of the consumers sampled.

The provider’s response acknowledged deficits identified and included information of actions implemented to review the named consumers and develop staff practice. Actions taken include the introduction of standardised care processes, assigning portfolio leads, and, planned education through the nurse practitioner and other specialist dementia support services.

While I acknowledge the action already commenced by the provider, these improvements are still in progress and not yet fully embedded and evaluated. I find the service is non-compliant with this requirement.

### Requirement 3(3)(d) Non-compliant

*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.*

The Assessment Team found the service was unable to demonstrate its capacity to recognise and respond to deterioration in a consumer’s health and wellbeing in a timely manner. Evidence included information the service failed to recognise, manage and escalate bowel obstruction for a consumer leading to significant negative outcomes for that consumer. While action had commenced to address deficits in staff practice, these had not been effectively applied. For example, audits that identified consumers with altered bowel movements these had not been actioned effectively, acknowledged by management at the time of the audit.

The provider’s response acknowledged the deficits in relation to this requirement and the impact on the consumer. The response included action taken to address the deficits. This includes additional bowel audits in the lead up to the older persons nurse practitioner’s review that commenced 20 December 2021, strengthened processes for oversight of staff practice, and education for staff.

While I acknowledge the action already commenced by the provider, these improvements are still in progress and not yet fully embedded and evaluated. I find the service is non-compliant with this requirement.

# 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)

* Ensure staff have the skills and knowledge to effectively partner with consumers and representatives in the care of the consumer.
* Ensure processes and procedures support effective partnering with the consumer.
* Ensure effective processes to monitor staff practice.

### Requirement 2(3)(e)

* Ensure staff have the skills and knowledge for the effective review of care and services.
* Ensure processes and procedures support effective review of care and services.
* Ensure effective processes to monitor staff practice.

### Requirement 3(3)(a)

* Ensure staff have the skills and knowledge for the effective management of restrictive practices, pain and skin integrity.
* Ensure processes and procedures support effective management of restrictive practices, pain and skin integrity.
* Ensure effective processes to monitor staff practice.

### Requirement 3(3)(b)

* Ensure staff have the skills and knowledge for the effective management of high impact high prevalence risks.
* Ensure processes and procedures support effective management of high impact high prevalent risks.
* Ensure effective processes to monitor staff practice.

### Requirement 3(3)(d)

* Ensure staff have the skills and knowledge to recognise and respond to deterioration in a consumers health and wellbeing in a timely manner.
* Ensure processes and procedures support staff practice.
* Ensure effective processes to monitor staff practice.