Koraleigh Nursing Home

Performance Report

18 Purdey Street
TONGALA VIC 3621
Phone number: 03 5859 0800

**Commission ID:** 4441

**Provider name:** Tongala & District Memorial Aged Care Service Inc

**Assessment Contact - Desk date:** 24 November 2021

**Date of Performance Report:** 17 January 2022

# Performance report prepared by

Vanessa Stephens, delegate of the Aged Care Quality and Safety Commissioner.

# 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)(a) | 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 a review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Desk report received on 23 December 2021.

# STANDARD 2 NON-COMPLIANTOngoing 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall quality standard is assessed as non-compliant.

## Assessment of Standard 2 Requirements

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

*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.*

The Assessment Team found that assessment and care planning documents were insufficient to guide effective care delivery in relation to clinical care such as wound and diabetes management. For example:

* Wound assessments and management plans were not completed for all wounds.
* Clinical documentation for one diabetic consumer does not make any reference to medical practitioner directives regarding diabetes management.

In their response to the Assessment Team report the approved provider nominates a self-rating of met and lists evidence and a number of policies and procedures to support outcomes within this requirement. The approved provider’s response also details several identified areas for improvement, planned action and expected dates of completion. Planned areas for improvement include enhancements to care planning governance.

I note the actions planned by the provider and that many of these actions are in progress. I note improvements are yet to be evaluated. The service was non‑compliant at the time of the assessment and thus I find the service non‑compliant in 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 that representatives confirmed that care and services are discussed regularly in response to changing consumer needs. However, the Assessment Team could not find evidence of this occurring in sampled consumer files. Care documentation did not consistently reflect changes in planned care, as a result of incidents, changes in consumer health, or in response to review by external health providers. For example:

* For one consumer who experienced a fall and sustained injuries, their monthly care evaluation makes no reference to the fall and no review of mobility was undertaken by an allied health professional.
* No behaviour charting was completed to monitor or evaluate current strategies for a consumer who exhibited ongoing aggressive behaviours.

In their response to the Assessment Team report the approved provider nominates a self-rating of met and lists evidence and a number of policies and procedures to support outcomes within this requirement. The approved provider’s response also details several identified areas for improvement and planned action. Planned areas for improvement include introducing new systems to enhance assessment and evaluation to ensure all necessary information is captured when care plans are reviewed.

I note the actions planned by the provider and note improvements are yet to be evaluated. The service was non‑compliant at the time of the assessment and thus I find the service non‑compliant in this requirement.

# STANDARD 3 NON-COMPLIANTPersonal 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall quality standard is 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 that while sampled consumers and representatives expressed satisfaction with most aspects of care delivery, sampled consumer files did not demonstrate that consumers receive clinical care that is best practice and consistently optimises their health and well-being. Deficits identified by the Assessment Team included practices relating to chemical restraint, pain management, wound care and diabetes management. For example:

* Management provided a psychotropic medication register that was incomplete.
* For one consumer prescribed ‘as required’ pain medication, their medication chart does not include indications for administration, there is no evidence of pain assessments, or implementation of alternative pain management strategies.

In their response to the Assessment Team report the approved provider lists evidence and a number of policies and procedures to support outcomes within this requirement. The approved provider’s response also details several identified areas for improvement and planned action. Planned areas for improvement include enhanced compliance with policy and processes, including an evidence based procedure manual.

I note the actions planned by the provider and note improvements are yet to be evaluated. The service was non‑compliant at the time of the assessment and thus I find the service non‑compliant in this requirement.

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

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

After reviewing sampled consumers files, the Assessment Team report found care documentation did not demonstrate the service identifies and monitors all prevalent risks to consumers. For example:

* For a consumer who experienced significant weight loss, the service did not provide evidence that the weight loss was investigated or that a plan exists to address the weight loss.
* In relation to a consumer experiencing repeat falls, there was no evidence of mobility reviews by allied health occurring.

In their response to the Assessment Team report the approved provider nominates a self-rating of met and lists evidence and a number of policies and procedures to support outcomes within this requirement. The approved provider’s response also details several identified areas for improvement and planned action. Planned areas for improvement include introduction of benchmarking for data collection processes and performance evaluation.

I note the actions planned by the provider and note improvements are yet to be evaluated. The service was non‑compliant at the time of the assessment and thus I find the service non‑compliant in 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 that while consumers and representatives were generally satisfied with the management of changes in health status, documentation did not illustrate the service consistently follows up, assesses and monitors consumers in a timely manner after changes in consumer health are identified. For example:

* One consumer’s progress notes contained conflicting information and over a nearly two-month period, despite deteriorating health, daily progress notes were not recorded on 26 occasions.

In their response to the Assessment Team report the approved provider nominates a self-rating of met and lists evidence and a number of policies and procedures to support outcomes within this requirement. The approved provider’s response also details several identified areas for improvement and planned action. Planned areas for improvement include introducing enhancements to clinical governance systems.

I note the actions planned by the provider and note improvements are yet to be evaluated. The service was non‑compliant at the time of the assessment and thus I find the service non‑compliant in 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 risk assessments identify adequate risk management strategies.

**Requirement 2(3)(e)**

* Implement systems to ensure changes in consumer needs are consistently reflected in care strategies, including completing assessments and updating care plans.

**Requirement 3(3)(a)**

* Ensure the psychotropic medication register is up-to-date.
* Provide staff training on understanding and identifying chemical restraint.

**Requirement 3(3)(b)**

* Ensure high prevalence risks are identified and monitored.

**Requirement 3(3)(d)**

* Ensure ongoing management and review of consumer function to detect and address deterioration or changes to consumer health.