Oakwood Aged Care

Performance Report

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**Commission ID:** 6965

**Provider name:** Tolega Pty Ltd

**Assessment Contact - Site date:** 1 October 2021

**Date of Performance Report:** 19 November 2021

# Performance report prepared by

Marek Dubovinsky, 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | 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 following information has been taken into account in developing this 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 staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 21 October 2021
* the Performance Report dated 11 May 2021 for the Site Audit conducted on 5 January 2021 to 7 January 2021.

# STANDARD 2 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 Assessment Team assessed Requirement (3)(a) in Standard 2. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in Standard 2. This Requirement was found Non-compliant following a Site Audit conducted on 5 January 2021 to 7 January 2021 where it was found consumers’ progress notes, medication, pain and wound charts were inconsistent and lacked detail. Therefore, the service could not demonstrate how the assessment and planning documents guide staff, and how they inform the delivery of safe and effective care and services. The Assessment Team’s report included evidence of actions taken to address deficiencies identified in the Site Audit which are detailed in the specific Requirement below. The Assessment Team have recommended Requirement (3)(a) as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and provider’s response to come to a view of Compliance with Requirement (3)(a) and find the service Compliant with Requirement (3)(a). The reasons for the findings are detailed in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*This Requirement was found Non-compliant following a Site Audit conducted 5 January 2021 to 7 January 2021 where it was found the service was unable to demonstrateassessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services*.* The delegate found consumers’ progress notes, medication, pain and wound charts were inconsistent and lacked detail. Therefore, the service could not demonstrate how the assessment and planning documents guide staff, and how they inform the delivery of safe and effective care and services.

The Assessment Team’s report following an Assessment Contact dated 1 October 2021 provided evidence of actions taken to address the Non-compliance, including, but not limited to:

* Introduction of a Care Plan Evaluation Guide providing staff with a step-by-step guide to completing care plan reviews, including the requirement to conduct various assessments.
* Training provided to nursing staff regarding the need to check assessments in the electronic clinical management system and any computer-generated autofill criteria that may be incorrect.
* Additional training and meetings for staff in relation to pain assessment, medication administration and management, care planning, wound management and lifestyle care.
* Review of consumer care plans, undertaken by additional nursing staff, to ensure all information regarding care and services is accurate, up-to-date and complete.
* Pain management flow chart introduced to assist nursing staff which was also incorporated into an updated Pain Management Policy.

In relation to Standard 2 Requirement (3)(a), information provided to the Assessment Team by consumers and management and documentation sampled demonstrated:

* The service has documentation to support staff to undertake assessment and planning through an admission checklist, various assessment flow charts and a care planning flow chart to assist nurses on their allocated shift in reviewing progress notes and completing assessments/charts.
* Five consumers and/or representatives interviewed confirmed they are involved in the assessment and planning process to inform service delivery.
* Consumer A had an incidence of pain when voiding following a hospital admission. Follow up investigations identified nothing abnormal. However, no continence charting was undertaken following the incidence. The representative was satisfied with the assessment and care planning process. Consumer A had a range of assessments completed to address behaviour, dietary, functional, pain, skin, sleep, wounds and social care and service needs.
* The provider’s response included additional information to clarify information in the Assessment Team’s report relating to Consumer A. The provider’s response indicated Consumer A had an investigation completed by a health professional following the incidence of burning whilst voiding and the outcome did not require further investigation. Furthermore, the consumer had no further episodes of pain whilst voiding. In addition, the consumer had continence charting completed prior to identify the consumer’s continence care needs.
* Consumer B had a medical condition which was not documented on three skin assessments. However, wound charting showed the service had been monitoring the consumer’s medical condition, wounds and monitoring and addressing the consumer’s pain.
* The provider’s response included additional information to clarify information in the Assessment Team’s report relating to Consumer B. The provider’s response indicates Consumer B had a three-day pain chart completed to monitor the consumer’s pain.
* Five other consumer files viewed showed consumer wounds had been appropriately assessed, managed and planned for.
* Clinical staff confirmed they had received training on care plan reviews and how to navigate the electronic clinical management system.
* The service has a range of policies, procedures, checklists and flow charts to support staff in undertaking relevant assessments.

For the reasons detailed above, I find Tolega Pty Ltd, in relation to Oakwood Aged Care, Compliant with Requirement (3)(a).

# STANDARD 3 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 Assessment Team assessed Requirement (3)(b) in Standard 3. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in Standard 3. This Requirement was found Non-compliant following a Site Audit conducted 5 January 2021 to 7 January 2021 where it was found the service could not demonstrate they were managing high impact or high prevalence risks, specifically in relation to monitoring risk behaviour and diet for one consumer. A risk assessment was not completed and strategies were not implemented and evaluated for effectiveness to manage risk behaviour. In addition, staff were unable to demonstrate an understanding of a consumer’s dietary recommendations impacting the consumer’s health and well-being. The Assessment Team’s report included evidence of actions taken to address deficiencies identified in the Site Audit which are detailed in the specific Requirement below.

However, the Assessment Team found the service was not able to demonstrate effective management of high impact risks, specifically in relation to three consumers who experienced acute and adverse events which were not effectively managed. The Assessment Team recommended Requirement (3)(b) as not met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and provider’s response and have come to a different view to that of the Assessment Team. I find the service Compliant with Requirement (3)(b). The reasons for the finding are detailed in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

The Assessment Team found during the Assessment Contact conducted on 1 October 2021 the service was not able to demonstrate effective management of high impact risks, specifically in relation to three consumers who experienced acute and adverse events which were not effectively managed. The Assessment Team’s report provided the following evidence relevant to my finding:

In relation to Consumer A:

* Five days prior to the consumer being transferred to hospital, they reported an issue with swallowing tablets, however, this was dismissed as psychological.
* No monitoring or assessment was done to identify if the consumer had difficulty with their swallowing. The consumer had no recorded previous history of swallowing or mental health disorders
* One day prior to the medical episode, there was one record of the consumer being confused and follow up investigation was completed by a health professional which indicated nothing abnormal.
* On the day of the medical episode, the consumer presented as unwell at 9.15am. The service contacted the medical officer and subsequently the ambulance service who arrived and transferred the consumer to hospital at 10.22am. There was insufficient monitoring of the consumer’s vital signs during the period with only one set of observations completed.
* The representative of the consumer was satisfied with the care and services being delivered.
* One staff member said they would complete a set of observations when a consumer has an adverse event. Another staff member said they would use their professional judgement when observations are required to be completed.
* Staff have had education on the management of an acute medical event and information on this was circulated to staff.

In relation Consumer B

* The consumer had a procedure performed on them by health professional which was not in accordance with their identified needs, goals and preferences recorded in the electronic documentation system.
* Management said in an emergency, staff do not have time to check relevant documentation to identify individual consumer’s needs goals and preferences.

In relation to Consumer C:

* Consumer C has been prescribed medications for the treatment of a medical condition since March 2021

The provider refutes the information in the Assessment Contact report as being inaccurate and indicates the service was Compliant with the Requirement at the time of the Site Audit:

In relation to Consumer A:

* The consumer requested to see the Medical Officer in relation to their medication. A subsequent review by the Medical Officer assessed the concern with swallowing medications as psychological rather than physical and noted the consumer has lost weight as a result of the medication the consumer was prescribed.
* The consumer entered the service with a diagnosed swallowing difficulty which was reconfirmed by a health professional following an assessment 20 days later and a further review following return from hospital following a medical event.
* There were no other incidents recorded to indicate the consumer was having ongoing issues with swallowing. In addition, the consumer had one episode of confusion one day prior to the medical event and the strategy implemented was effective in managing the consumer’s confusion. Furthermore, the service completed an investigation to identify if there was a medical reason contributing to the confusion which identified nothing abnormal.
* There was sufficient monitoring when the consumer had a medical event, the consumer presented with symptoms at 9.15am, the medical officer was contacted at 9.33am, the ambulance arrived at 9.55am and the one set of observations completed was sufficient.

In relation to consumer B

* The health professional who performed the procedure against the consumer’s recorded needs, goals and preferences was not a regular worker at the service.
* The service had identified an improvement following the incident and had implemented a continuous improvement plan to ensure consumers’ wishes are clearly recorded. Documentation provided showed this was completed prior to the commencement of the Assessment Contact.

In relation to Consumer C;

* The consumer is being treated by the medical officer as a preventative measure with a medication.

This Requirement was found Non-compliant following a Site Audit conducted 5 January 2021 to 7 January 2021 where the delegate found the service could not demonstrate they were managing high impact or high prevalence risks, specifically in relation to monitoring risk behaviour and diet for one consumer. A risk assessment was not completed and strategies were not implemented and evaluated for effectiveness to manage risk behaviour. In addition, staff were unable to demonstrate an understanding of a consumer’s dietary recommendations impacting the consumer’s health and well-being.

The Assessment Team’s report following and Assessment Contact dated 1 October 2021 provided evidence of actions taken to address the Non-compliance, including, but not limited to:

* Training to all staff in relation to identifying and responding to incidents, high risk activity assessments, dietary needs, dietary details and nutrition and hydration competencies.
* Senior management review all incidents to ensure appropriate action is taken when incidents occur.
* Clinical governance to review high impact or high prevalence risk assessments.
* Speech pathologists and dietitians have access to the electronic clinical management system to update dietary assessments when required.

I acknowledge the provider’s response and commitment to address deficiencies following the Non-compliance. Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. In coming to my finding I have considered the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

In relation to Consumer A, I find the service had identified the consumer was at risk of choking and the consumer was reviewed by the relevant health professional with management strategies reconfirmed. In addition, I have noted the consumer was reviewed by the medical officer following weight loss which was identified by staff and I have noted the medical officer was satisfied with the management of Consumer A’s weight. In relation to monitoring of Consumer A during the adverse incident, I find staff from the service had been undertaking appropriate clinical monitoring. In relation to Consumer B, I find the procedure performed by a worker against the consumer’s wishes not a high impact or high prevalence risk and is not within the scope of the Requirement. However, I find the implemented improvements completed prior to the Assessment Contact reasonable to prevent a future occurrence. In relation to Consumer C, I find the service had identified the consumer was at risk of an ongoing medical issue and the medical officer had implemented a treatment plan to manage the consumer’s risk of developing the medical issue.

In coming to my finding, I have also considered information in the Assessment Team’s report indicating staff have received training on clinical deterioration and were able to describe how they access dietary information about individual consumers. In addition I noted a care file sampled for a consumer who is at high risk of falls and has a history of ongoing falls had a range of strategies documented which was supported through staff interviews and observations. Finally, I noted the service has a range of policies and procedures to guide staff practice.

For the reasons detailed above, I find Tolega Pty Ltd, in relation to Oakwood Aged Care Compliant with Requirement (3)(b).

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.