Rose Lodge

Performance Report

225 Graham Street   
WONTHAGGI VIC 3995  
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**Commission ID:** 3016

**Provider name:** Wonthaggi & District Elderly Citizens Homes Inc

**Assessment Contact - Site date:** 13 August 2021

**Date of Performance Report:** 1 October 2021

# 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** | **Non-compliant** |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |

# Detailed assessment

This performance report details the Commission’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 - 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 by the Commission on 1 September 2021

# 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

A Directions Notice was issued on 18 May 2021 to the approved provider, Wonthaggi & District Elderly Citizens Homes Inc, directing that the service address deficits in Requirement 2(3)(e) identified at an assessment contact on 4 May 2021.

The Assessment Team reviewed a sample of consumer files at the assessment contact on 13 August 2021 and found that improvements have not been made.

The Quality Standard is assessed as Non-compliant as the service has not complied with Requirement 2(3)(e).

## Assessment of Standard 2 Requirements

### 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 care documentation did not demonstrate that care and service plans are reviewed for effectiveness and/or updated in a timely manner when changes in the consumer’s circumstances occur. Staff do not keep documentation, which is used to inform the care of consumers, up to date and documentation does not support best practice clinical care.

For example, a consumer who fell did not have an immediate falls risk assessment and changes to their ‘pain’ ‘mobility, transfer and dexterity’, ‘physiotherapy’, ‘medication’ and ‘personal hygiene’ care plans were not made when changes to care needs were evident.

Management did not demonstrate that clinical staff have effective oversight of information and how it supports good care. For example, a consumer had nine falls in three months and the Assessment Team found no evidence that contributing factors were effectively reviewed to help prevent further falls.

Staff told the Assessment Team they used a ‘prompt sheet’ to direct care, however, on review, the Assessment Team found that the information provided in the prompt sheet was minimal and did not provide adequate direction for effective care delivery.

The approved provider’s response noted the normal procedure is that all the care plans are reviewed in a timely manner to ensure there are no gaps in the care plan and they are checked by a registered nurse.

As the majority of care plans reviewed by the Assessment Team did not reflect the consumer’s current care needs, the approved provider’s system does not appear effective and as a result the service does not comply with Requirement 2(3)(e).

# STANDARD 3 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

A Directions Notice was issued on 18 May 2021 to the approved provider, Wonthaggi & District Elderly Citizens Homes Inc, directing that the service address deficits in Requirement 3(3)(a) identified at an assessment contact on 4 May 2021.

The Assessment Team reviewed a sample of consumer files at the assessment contact on 13 August 2021 and found that improvements have been made in behaviour management and the use of psychotropic medications.

The Assessment Team did not assess all requirements of this Standard and therefore an overall summary and rating for this Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 service has reviewed and updated it’s ‘record of consumers receiving psychotropic medications.’ The register includes details on whether the medication is classified as a chemical restraint.

The Assessment team reviewed five consumers who are administered psychotropic medications and noted valid consents are in place, further, prior to administration of ‘as required’ medication, staff had exhausted all non-pharmacological alternatives. Staff said they use psychotropic medications as a last resort.

Medical practitioner and geriatrician input into the use of psychotropic medications was evident in file reviews.

Management said they are actively working with medical practitioners to cease psychotropic medications if they are not needed or not used in the prior three months.

The service has addressed the deficits previously identified in behaviour management and the use of psychotropic medications and complies with Requirement 3(3)(a).

# 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.

* Extend relevant training and support to staff who do not currently understand or meet the expectations of their role in maintaining care plan information.
* Establish a monitoring process to ensure that clinical staff update care plans as promptly as possible after any event which requires staff to change the way that on-going care is delivered.
* Where multiple documents are used to direct care ensure they are consistent.
* Ensure incidents that are similar and/or repeated over time have effective clinical review and this review includes common contributing factors, for example falls and polypharmacy.