Wakefield Aged Care Service

Performance Report

23 Moorhouse Terrace   
RIVERTON SA 5412  
Phone number: 08 8847 2300

**Commission ID:** 6190

**Provider name:** Yorke and Northern Local Health Network Incorporated

**Assessment Contact - Site date:** 1 February 2022

**Date of Performance Report:** 1 March 2022

# Performance report prepared by

Michelle Glenn, 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 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 consumers, representatives, staff and management.
* The provider’s response to the Assessment Contact - Site report received   
  11 February 2022 indicating acceptance of the findings and outcomes.
* The Performance Report dated 29 November 2021 for the Site Audit undertaken 30 August 2021 to 1 September 2021.

# 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 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(b) in this Standard was found Non-compliant following a Site Audit undertaken 30 August 2021 to 1 September 2021 where it was found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to use of chemical restraints and diabetes management. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(b) met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Yorke and Northern Local Health Network Incorporated, in relation to Wakefield Aged Care Service, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 3 Requirements**

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

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

The service was found Non-compliant with Requirement (3)(b) following a Site Audit undertaken 30 August 2021 to 1 September 2021 where it was found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to use of chemical restraints and diabetes management. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Education and training provided to care and clinical staff in relation to restrictive practices and diabetes management. A reflective practice session was held subsequent to the training to ensure training sufficiency and staff competency.
* Reviewed the Restrictive practice/psychotropic medication register to ensure information is streamlined and clear.
* Commenced regular audits to ensure staff have documented non-pharmacological strategies prior to administering as required psychotropic medications and documenting blood glucose levels.
  + Where deficiencies are found, a meeting is held with the responsible staff member to discuss the issue and staff are required to complete a reflective practice form.
* Provided education to the Diabetes nurse educator relating to documentation requirements within the electronic clinical management system, including clear blood glucose monitoring times are outlined.
* Updated policies and procedures to guide staff in best practice.
* Restrictive practices and blood glucose monitoring are standard agenda items at team meetings and toolbox sessions are held with staff to discuss concerns found through audits and to discuss restrictive practices when consumers are displaying behaviours.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* All sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers expressed satisfaction with management of high impact or high prevalence risks, including falls, pain, medications, pressure injuries and medications.
* A range of policies and procedures relating to best practice care delivery are available to staff and processes, such as daily progress note reviews and monthly clinical governance meetings assist to identify, monitor, trend and analyse high impact or high prevalence risks for consumers.
* Consumer files sampled demonstrated high impact or high prevalence risks are identified through assessment processes and individualised strategies for effective management are developed and documented in care plans to guide delivery of care. A range of validated assessment tools are used to identify risks, including in relation to malnutrition, pressure injuries and falls. Charting and evaluations for behavioural concerns and wounds, and referrals to Medical officers and allied health professionals, where appropriate, were also evident in care files sampled.
* Consumer files sampled demonstrated high impact or high prevalence risks are identified, planned for and addressed. Documentation demonstrated appropriate management of risks relating to pressure injuries, behaviours, weight loss, restrictive practices, falls and diabetes. Where issues are identified, additional monitoring and reassessments occur, care plans are reviewed and updated and referrals to allied health specialists and/or Medical officers initiated.
* For one consumer, blood glucose levels had not been consistently documented in the past two months. Audit findings included documented conversations with rostered staff and a request for staff to undertake reflective practice documentation.
* For another consumer, neurological observations had not been conducted in line with the required frequency following three falls. The Assessment Team noted there was no evidence of harm for the consumer.
* Staff sampled were knowledgeable of sampled consumers’ personal and clinical needs and described individualised strategies for managing high impact or high prevalence risks, including wounds, behaviours, falls and weight loss.
* Staff confirmed they had received sufficient training and are notified of changes, including new and emerging high impact or high prevalence risks, through a range of mechanisms, including verbal handover and distribution of quality performance reports.

For the reasons detailed above, I find Yorke and Northern Local Health Network Incorporated, in relation to Wakefield Aged Care Service, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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.