Wallsend Manor Aged Care

Performance Report

8 McNaughton Avenue
Wallsend NSW 2287
Phone number: 02 4038 1800

**Commission ID:** 1066

**Provider name:** Wallsend Manor Aged Care Pty Ltd

**Assessment Contact - Site date:** 5 November 2020

**Date of Performance Report:** 21 December 2020

# Publication of report

This Performance Report **may 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)(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 27 November 2020.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Not all requirements were assessed and therefore an overall rating for the 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 Assessment Team found that the service did not demonstrate that sampled consumers receive safe and effective personal or clinical care that is best practice, tailored to their needs, and optimises their health and well-being.

The Assessment Team provided information that while many aspects of personal and clinical care were effective, and consumers and their representatives gave some positive feedback; there were some aspects of personal and clinical care that were not best practice and tailored to consumer’s needs. The Assessment Team found that the service required some improvement in restraint management and documentation, skin integrity, incident investigation and follow through, continence and pain management.

The approved provider submitted a response to the Assessment Teams report which included additional material clarifying matters raised in the report. This information provided some additional context and refuted some information in the Assessment Teams report. The response included a continuous improvement plan, updates to care planning, progress notes, pain charts, activity records, resident’s risk activity/restraint reviews, risk profile, continence profiles, assessments and plans, and psychotropic drug report.

I have considered and accept evidence supplied by the approved provider that shows management and staff at the service are aware and understand their responsibilities related to the use of psychotropic medications and the minimisation of restraint. I have also considered and accept evidence of information provided that showed the service had appropriate information for an incident related to consumer abuse that was simply an accident and not a deliberate act, pain management for the identified consumer, skin integrity, behaviour management and continence. I also accept the approach taken for a consumer’s frequent falls and their ongoing blood pressure issues, and heart condition. However, I have not seen evidence for another incident being fully investigated, also continence issues could be more proactively handled, which the service had previously identified. I also note management has commenced a number of improvement activities, since the audit, to address some reviews for some consumers at the service, implementation of a new activity to ensure pressure mattresses are regularly checked, and improvement in the recording and organising of 1:1 activities for those consumers needing this involvement as part of their non-pharmaceutical strategies for behaviour management. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable. These minor corrections, along with the supported evidence provided, do not show systemic issues in personal and clinical care. I find this requirement, compliant.

# 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.