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:** 12 January 2021

**Date of Performance Report:** 26 February 2021

# 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-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 conducted on 12 January 2021, 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 3 February 2021.

# STANDARD 3 NON-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

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.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

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

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

The Assessment Team found that the service was unable to demonstrate the management of consumers identified as having high-risk skin integrity are appropriately managed. This includes gaps identified with timely referral to specialist, ongoing clinical oversight of wounds, the inconsistent documentation in regard to wound descriptions, measurements and photographs were not consistently documented or found to be an accurate description of the consumers current wounds. Furthermore, pressure care and repositioning were not demonstrated for a consumer already identified by the service as a high-risk skin integrity and already having pressure injuries.

The Assessment Team interviewed some staff, who did not identify the consumers had particular high-impact or high prevalence risk in regard to their wound management or pressure care.

The Assessment Team identified that the service was unable to provide a comprehensive spreadsheet of all consumers receiving psychotropic medications. The database report provided was not current and did not include information about non-pharmacological strategies considered and used. It did not include information about the provider’s efforts to engage the consumer in activities that are meaningful and of interest to the consumer and the frequency undertaken or progress notes or other processes to monitor consumers’ condition, monitor for side effects. A review of the pharmacy report showed the service had not understood the medications to be included in the psychotropic medication report and had focussed on anti-psychotic medications used as a restraint.

Although the approved provider has provided extensive documentation to support the service’s compliance with the issues raised by the Assessment Team, including care plans to demonstrate progress reports for skin integrity and the service’s restraint tracker. I do not find that the documentation provided demonstrates evidence contrary to the Assessment Team’s report, as there are inconsistencies with the skin integrity care plan, and there is no evidence of the provision of other non-pharmacological strategies considered. It is acknowledged that the Provider is committed to continuous improvement and has provided documentation to support this, however I am not persuaded that this documentation demonstrates that the service provides effective management of high impact or high prevalence risks associated with the care of each consumer at the time of the assessment. I find that the approved provider is non-compliant in this requirement.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services as assessed through other Standards.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### The Assessment Team was not provided with a documented risk management framework to address this requirement.

The Assessment Team interviewed some staff who did not identify any consumers with particular high-impact or high prevalence risk at the service. The mandatory reporting register included discretionary reports and evidenced actions, however, did not include details of emotional support provided to the consumers and representatives during the process or information about care plans being updated.

The Assessment Team interviewed consumers who advised that staff are too busy to attend to their needs, for example one consumer said she must have assistance to access the toilet and said that sometimes staff do not respond to her in a timely manner, and she soils herself. She finds this undignified and embarrassing and provided it as an example of not being able to live the best life she can.

The approved provider submitted examples in their response of their Clinical Governance Framework and have advised that staff will undertake further training in high impact and high prevalence risk, however I find at the time of assessment, the approved provider did not comply with 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 3(3)(b) Non-compliant

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

* Ensure timely referrals are conducted for consumers who require specialist care.
* Consider non-pharmacological strategies and document efforts used prior to the use of psychotropic medication.
* Conduct training of staff to identify high impact or high prevalence risks, in relation to wound management, skin integrity and pressure care.
* Review and monitor documentation to be accurate for ongoing clinical oversight of wounds and other clinical care provided.

### Requirement 8(3)(d) Non-compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

* Provide training to staff to enable them to identify high impact or high prevalence risks.
* Ensure staff respond in a timely manner to consumers requiring assistance.
* Review and monitor documentation and care plans.