Waroona Multipurpose Centre

Performance Report

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**Commission ID:** 5328

**Provider name:** Queensland Health

**Assessment Contact - Site date:** 29 September 2020

**Date of Performance Report: 11 November 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | 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, 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 October 2020.

# 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 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 the service was not effectively managing high impact and high prevalence risks.

The Assessment Team found that strategies to manage risks were not consistently documented, or where strategies were documented, the strategies were not reviewed for effectiveness. For example:

* A consumer’s care documentation identified complex behaviours that negatively impacts other consumers and staff.
  + The consumer’s representative advised the Assessment Team about their concerns with the care of the consumer and noted that while they had complained to the service, no response had been received.
  + While some behaviour charting was completed there is no record of behaviour management interventions trailled and their effectiveness.
  + Staff interviewed were unaware of the strategies in the care plan to manage the complex behaviours.
  + Another consumer said they did not feel safe at the service due to the threatening behaviour of this consumer. Care documentation did not evidence that the consumer’s concerns had been recorded or strategies had been implemented to ensure the consumer’s safety.
* Care documentation identified a consumer at high risk of falling. There were no strategies documented to manage the risk.
  + Registered and care staff advised the Assessment Team they were unaware that two consumers had a high risk of falling.
* Care documentation for another consumer indicated that the consumer was prescribed antipsychotic medication for the purposes of chemical restraint. Whilst authority had been obtained from a medical officer, the chemical restraint form did not evidence consultation with a relevant representative. There was no evidence of the chemical restraint being reviewed by staff for effectiveness.
* Consumers’ care documentation did not evidence that staff followed clinical or medical directives or consistently monitored consumers. A consumer was on a daily fluid restriction, however, there was no documentary evidence of the consumer’s fluid intake being monitored and recorded.

Consumers’ care plans had not been regularly reviewed or evaluated for effectiveness by registered staff and in accordance with the service’s policy. Staff advised the Assessment Team there was no current process for care plan reviews, including review of identified risks.

Most consumers and/or representatives interviewed by the Assessment Team reported they were not satisfied the risks associated with their care are known by staff, discussed with them or effectively managed by the service. They provided a range of specific examples about how this negatively impacts on the care of the them/the consumer.

Staff interviewed by the Assessment Team identified behaviour management was a high risk and some staff were inexperienced in managing the behaviours of some consumers.

The service was unable to provide information about consumers prescribed psychotropic medication, identify consumers that were chemically restraint, or demonstrate how the use of psychotropic medication for consumers was recorded and monitored. Staff interviewed stated that some consumers were prescribed psychotropic medication that could be considered chemical restraint.

The Approved Provider’s response received on 27 October 2020 indicated that the service had commenced conducting daily reviews of its electronic incident recording system by Nurse managers. Incidents will be collated monthly to identify trends and individual risks and care plans will be updated accordingly.

The Approved Provider advised that since the Assessment Contact visit, a review of care plans has been completed by the new Director of Nursing and all care plans are now current. A process has since been implemented to ensure care plan reviews and case conferences are carried out on a three-monthly basis. Funding has been approved for a new electronic care planning system that will enhance care planning and documentation within the service.

The service has scheduled education for staff on behaviour management. Training modules will be rolled out to staff and Dementia Services Australia will host a virtual classroom for staff in early 2021.

The Approved Provider advised that consumers identified in the Assessment Contact Report have been reassessed and strategies have been implemented to address each consumer’s respective risks.

The Approved Provider’s response identified psychotropic medication and physical restraint usage within the service and advised strategies to reduce the number of consumers prescribed psychotropic medications is being considered. Restraint authorisations have been reviewed and the service was working towards full compliance with all restraint authorisations.

Whilst the Approved Provider has undertaken and planned actions to address the deficiencies identified by the Assessment Team, at the time of the Assessment Contact, high impact or high prevalence risks were not being effectively managed. Therefore, the service Non-Compliant in this requirement.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team found the service environment was clean, well maintained and consumers were able to move freely both indoors and outdoors. While some consumer rooms have split doors and some door handles lift upwards to open the door while others push down, these are managed in consultation with the consumers. A consumer interviewed reported her handle lifts upwards which she is satisfied with.

The Assessment team observed cleaning staff wiping high touch point areas and disinfectant wipes were available throughout the service.

Fire evacuation diagrams and emergency exit signage were displayed, and fire-fighting equipment was readily available for staff.

Cleaning, maintenance, catering and laundry services were provided by the co-located hospital service.

Managers advised there were processes in place to ensure preventative maintenance was completed. Maintenance issues were recorded in a register and were attended to by maintenance staff. There was a plan for refurbishment of the building with financial approval from the Board.

While consumers interviewed by the Assessment Team generally provided positive feedback about the living environment, a consumer advised that the wandering and intrusive behaviour of a consumer was having a significant negative impact on them and other consumers feeling safe. Care documentation did not evidence that the consumer’s concerns had been recorded or that strategies had been implemented to ensure the safety of consumers.

The Approved Provider’s response indicated that the consumer’s concerns about safety due to the behaviour of a consumer had been resolved and the consumer named in the Assessment Team’s report said they now feel safe at the service.

I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team, however at the time of the Assessment Contact, a consumer’s concerns about their safety were not being addressed. Therefore, I find the service Non-compliant in 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) – Ensure the effective management of high impact or high prevalence risks associated with the care of each consumer.
* Requirement 5(3)(b) – Ensure that the service environment is safe.