Waroona Multipurpose Centre

Performance Report

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**Commission ID:** 5328

**Provider name:** Queensland Health

**Assessment Contact - Site date:** 16 February 2021

**Date of Performance Report:** 24 March 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | 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.
* the provider’s response to the Assessment Contact - Site report received 12 March 2021.
* information held by the Commission including the Performance Assessment report completed on 29 September 2020 and the service’s plan for continuous improvement received on 12 March 2021.

# STANDARD 2 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

Consumers and representatives said they felt like partners in the ongoing assessment and planning of consumers’ care and services. They said they were involved in the consumers’ initial assessments and ongoing planning of care.

Consumers and representatives were informed about the outcomes of assessment and planning and had access to the consumer’s care and services plan if they wished.

Care documentation confirmed initial assessments were completed by a Registered nurse and identified consumers’ needs, choices and preferences. Care planning documentation reflected the consumer’s individual needs, goals and preferences including the management of personal and clinical risks and advance care planning if the consumer wished. Care information confirmed consumers, representatives and providers of care were involved in assessment and planning and care plans were reviewed every three months or when changes in consumer’s needs occurred.

Registered staff explained processes for assessing consumer’s needs including advance and end of life planning. Staff described referral processes for allied health professionals and said they were guided by the consumer’s preferences. Staff were aware of their responsibilities in relation to incident reporting processes, escalation of incidents and the requirement to report any changes in consumer’s condition or needs

The organisation had developed policies and procedures which were available on the service’s electronic information system for staff to refer to. Trends in clinical incidents were monitored including, but not limited to, skin integrity, falls and pressure injuries. Staff have received training relevant to their position which included care consultation, communication and care plan review processes.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) 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.*

# 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

Consumers and representatives said they get the care they need and confirmed the service supported them to understand and make informed decisions about personal and clinical care to meet their needs and preferences. They said that consumers had access to a Medical officer or other health professional when they have needed it and they had been notified when changes in a consumer’s condition had been identified.

Care information confirmed consumers’ personal and clinical care was individualised, safe, effective and tailored to the specific needs of the consumer. Registered staff described the individual needs and preferences of consumers including the management and monitoring of most clinical and personal care risks.

The service had policies and procedures to guide staff in care delivery including, but not limited to, restrictive practices, pain, skin integrity, palliative care and infection related risks.

The service demonstrated for those consumers who were prescribed chemical restraint or required physical restraint, the appropriate assessment, consent and authorisations had been obtained. Psychotropic medication usage was monitored by the Medical officer and recorded in the service’s register.

Care information demonstrated when deterioration or changes in a consumer’s condition was identified, the service responded appropriately, in a timely manner and ensured referrals to a Medical officer or other providers of care were completed. Advance care planning and end of life planning documentation was included in care information. Registered staff were available 24 hours per day to support and monitor care delivered. Staff could describe the way care delivery changes for consumers nearing their end of life.

The service had escalation pathways to guide staff in recognising and responding to a decline or deterioration in a consumer’s health or well-being. The Assessment Team identified changes in consumer’s needs were communicated through handover, hospital information, verbal conversations, care documentation and the service’s electronic clinical care system. Staff described referral and communication processes and provided examples of when changes in consumer’s conditions had been identified.

The organisation had written policies in relation to antimicrobial stewardship and had adopted the infection control guidelines from the Communicable Diseases Network Australia for the management of possible COVID-19 outbreaks.

However, the service had not demonstrated the effective management of high impact or high prevalence risks for a consumer who chose to smoke. While improvements had been implemented in the service’s response to the previous performance assessment, at the time of the Assessment Contact, high impact or high prevalence risks were not being effectively managed.

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)(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.*

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

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

Care planning documentation identified most individual high impact and high prevalence risks associated with the care of each consumer were effectively managed and actions to minimise risks were implemented by the service. The Assessment Team confirmed the service had implemented effective processes for the management of high impact and high prevalence risks associated with the care for most consumers. Registered staff described strategies for the management of individual consumer risks including, but not limited to, falls, skin integrity and pain. Care staff said they were informed of changes regarding consumers’ care needs including the application of risk management interventions. The service trends, analyses and responds to high impact and high prevalence risks for consumers each month.

However, the Assessment Team identified that risks relating to cigarette smoking for one consumer had not been identified and strategies to minimise those risks had not been effectively implemented. Care documentation for the consumer identified that in January 2021 the consumer was assessed as being able to smoke cigarettes independently however the consumer’s smoking risk was not reviewed or re-assessed following an incident whereby the consumer sustained a burn related to cigarette smoking. Information recorded in the most recent smoking assessment for this consumer was inconsistent in relation to the storage of the consumer’s cigarettes and lighter.

The consumer advised the Assessment Team that staff did not monitor or supervise their smoking activity and staff interviewed did not have a shared understanding of supervision requirements relating to this consumer when smoking cigarettes.

The consumer advised they did not have the ability to contact staff in the event there was an emergency relating to their cigarette smoking as they did not have ready access to a call bell or other device to alert staff; this was confirmed by the Assessment Team.

The Approved Provider’s response received 16 March 2021 states the consumer has a degree of cognitive impairment which impacts their capacity to have insight into their care and safety needs, has a medical condition affecting their manual dexterity and is mobility impaired. Additionally, the Approved Provider states the consumer presents with complex behaviours that can impact on the consumer’s safety. While I accept this, the Approved Provider has a responsibility to manage risk and minimising harm to consumers.

I acknowledge the Approved Provider has taken action to minimise risks for this consumer including the completion of risk assessments which are recorded in a register, additional education for staff, improved monitoring processes, placing an extension call bell in the named consumer’s room, the allocation of a designated smoking area with safety equipment and signage and a tender was released for the replacement of the call bell system which would include wireless pendants for consumers to call for assistance in external areas of the service. However, I remain concerned that at the time of the Assessment Contact the significant risks associated with cigarette smoking for this consumer, who has medical conditions that impact their ability to safely smoke cigarettes and who had previously sustained a cigarette burn, had not been identified or addressed.

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 and limited information regarding the monitoring of these improvements were provided. Therefore, the service is Non-Compliant in this requirement

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 5 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

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

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

Consumers and representatives were satisfied with the service’s environment.

Improvements implemented by the service in response to the deficiencies identified in the previous Performance Assessment on 29 September 2020 included the relocation of a named consumer to another area of the service and the involvement of an external dementia specialist to review and provide strategies for the management of their behaviours.

The service had commenced a refurbishment program which included modifications to the service’s buildings and purchases of new furniture and linen. A full audit was completed of the service’s door handles. Following consultation with consumers the service identified they did not wish to have their door handles altered. A risk assessment was completed for these specific door handles and recorded in the service’s fire safety plan.

Staff confirmed maintenance issues were attended to. Maintenance registers evidenced regular maintenance of the service environment occurred and was monitored through the service’s annual spreadsheet. The Assessment Team observed the service environment to be safe, clean, well maintained and free from clutter.

# 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.