Warrigal Care Albion Park Rail

Performance Report

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**Commission ID:** 0291

**Provider name:** Warrigal Care

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

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# 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(d) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | 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 4 November 2020.
* the Assessment Team’s report for the Assessment Contact – Desk conducted 29 May 2020; the Assessment Contact - Desk report was informed by review of documents and interviews with management and staff

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

Consumers are supported to take risks in areas such as independent walking and gardening to live the best life they can. Review of dignity of risk planning documentation demonstrated that the service has a structured approach to working through risks and benefits of activities with consumers and encouraging them to contribute to problem solving to identify solutions to mitigate risks associated with the things they want to do.

One consumer described in detail how well the service supported her to continue her passion for walking by enabling her to walk on roads throughout the service on her own while taking precautions to minimise the risk of COVID-19 infection.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The service demonstrated that consumers are supported to understand the benefits and possible harm when they make decisions about taking risks to enable them to live the best life they can.

The Assessment Teams have provided information that demonstrate the service understands this requirement, apply their understanding, and monitor and review their processes to ensure that consumers are supported to take risks. This information includes the steps the service has implemented and completed to meet this requirement, and examples of how this has assisted consumers to live the best life they can.

I find this requirement is compliant as the service demonstrated that each consumer is supported to take risks to enable them to live the best life they can.

# STANDARD 2 NON-COMPLIANTOngoing 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

Most consumers sampled said that they feel like partners in the ongoing assessment and planning of their care and services.

For example

* Most of the sampled consumers interviewed are informed of the outcomes of assessment and planning and have ready access to the care plan either during the case conferencing process or upon request.
* Care plans are in place and care consultations occur however, the currency of the care plan is not always evident, and assessments are not always completed to reflect the consumers changing care needs.

Management and staff described processes for initial and ongoing assessment and care planning and had some understanding of risks to the consumer’s health and well-being. However, review of documentation shows this process is not identifying and leading to the development of effective care and service plans. When risks emerge, including in relation to the risk associated with wound management, pain management, falls management as well as behaviour management are not routinely escalated, investigated and re-assessed.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team found that the service did not demonstrate that assessment and planning informs the delivery of safe and effective care and services.

While the Assessment Teams conducting the Desk Assessment, and Site Assessment acknowledged several improvements had been implemented by the service to assist manage consumer risk, the service was unable to demonstrate effective assessment and planning for delivering safe care regarding wound and diabetes management.

Improvements at the service include the employment of clinical nurse specialist, engagement of 37 new staff, education, and implementing changes in meeting schedules to include these topics being regularly discussed.

However, the Assessment Team identified that effective assessment and planning of wound and diabetes management is not being conducted to inform the delivery of safe and effective care and services.

The approved provider provided a response that included correcting some information in the report, evidence of corrective actions that have occurred since the assessment contact, including education provided, reviewed and updated care plans and assessments, and behaviour and wound charts. I note they have planned a review of these improvements in the future to ensure they have been effective.

I have considered the Assessment Teams report and the Approved Providers response. I note the improvement activities that have occurred, however note that some improvement activities have occurred after the audit and the Approved Provider has not refuted the Assessment Teams findings of the service at the time of the audit. It is appropriate to review and consolidate these improvements over a period of time, to consider if they have been effective and sustainable.

I find this requirement is non-compliant as assessment and planning, including consideration of risks to the consumer’s health and well-being, does not inform the delivery of safe and effective care and services,

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

The Assessment Team provided information that care, and services are not always reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Assessment Team found that care and services are reviewed regularly for effectiveness, however care and services are not always reviewed for effectiveness when incidents or circumstances change for consumers. Incidents such as consumer behaviour’s, consumer blood glucose levels outside of diabetic management parameters, consumer’s experiencing pain; do not always prompt staff to review their care planning documentation and/or implement appropriate strategies.

The Assessment Teams acknowledged the improvements at the service include the employment of clinical nurse specialist, engagement of 37 new staff, education, and implementing changes in meeting schedules to include new topics being regularly discussed. Noted that consumers referenced in the previous report had their care planning documentation reviewed and updated.

The approved provider provided a response that included correcting some information in the report, evidence of corrective actions that have occurred since the assessment contact, including education provided, reviewed and updated care plans and assessments, and behaviour and wound charts. I note they have planned a review of these improvements in the future to ensure they have been effective.

I have considered the Assessment Teams report and the Approved Providers response. I note the improvement activities that have occurred, however note that some improvement activities have occurred after the audit and the Approved Provider has not refuted the Assessment Teams findings of the service at the time of the audit. It is appropriate to review and consolidate these improvements over a period of time, to consider if they have been effective and sustainable.

I find this requirement is non-compliant as care and services are not reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 NON-COMPLIANTPersonal 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.

Of consumers randomly sampled, most confirmed they receive the care they need.

For example:

* Consumers confirmed that they were happy with the care they received in relation to their daily needs stating that they get the care they need and “the girls are all very good”.
* The sampled consumers said they access medical staff when needed.

While the service has demonstrated improvements to the effective management of high impact or high prevalence risks associated with the care of each consumer; the Assessment Team provided information that there has not been effective management in the monitoring of pain, falls and wound management. Specifically, policies and procedures around wound management, the allocation of appropriately skilled staff to that care, and the photography and description of wounds.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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 provided information that demonstrated that sampled consumers did not receive safe and effective personal or clinical care that is best practice, tailored to their needs, and optimises their health and well-being.

While the Assessment Teams acknowledged several improvements including increased staffing and quality of staff, along with education and additional clinical meetings, they noted current staff practices and documentation issues related to chemical restraint, pain and wound management are not in accordance with best practice or optimising the consumers health and well-being.

Evidence suggests that not all sampled documentation related to chemical restraint is maintained in accordance with the services policy and best practice. The Assessment Team noted that in care plans sampled, pain and wound charting is not reflecting the consumer’s needs and optimising their health and well-being. It was noted that deterioration in wounds, or expression of pain in consumers is not prompting re-assessment or escalation; and care staff are potentially operating outside of their scope of practice.

The approved provider provided a response that included correcting some information in the report, evidence of corrective actions that have occurred since the assessment contact, including education provided, reviewed and updated care plans and assessments, and behaviour and wound charts. I note they have planned a review of these improvements in the future to ensure they have been effective.

I have considered the Assessment Teams report and the Approved Providers response. I note improvement activities that have occurred, however also note that some improvement activities have occurred after the audit and the Approved Provider has not refuted the Assessment Teams findings of the service at the time of the audit. It is appropriate to review and consolidate these improvements over a period of time, to consider if they have been effective and sustainable.

I find this requirement is non-compliant as each consumer does not get safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and 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.*

The Assessment Team found that the service did not effectively manage high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team found that the service was not able to demonstrate that all consumers are being adequately monitored for high impact risks associated with the consumer’s health status. Specifically, the monitoring and reassessment of blood glucose management and the maintenance of neurological observations in line with the services policies and procedures.

The approved provider provided a response that included correcting some information in the report, evidence of corrective actions that have occurred since the assessment contact, including education provided, reviewed and updated care plans and assessments, and behaviour and wound charts. I note they have planned a review of these improvements in the future to ensure they have been effective.

I have considered the Assessment Teams report and the Approved Providers response. I note improvement activities that have occurred, however also note that some improvement activities have occurred after the audit and the Approved Provider has not refuted the Assessment Teams findings of the service at the time of the audit. It is appropriate to review and consolidate these improvements over a period of time, to consider if they have been effective and sustainable.

I find this requirement is non-compliant as the approved provider cannot demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

Some consumers said the service was safe, clean and well maintained. However, one consumer stated that the lifting machines at the service often failed due to uncharged batteries risking the safety and wellbeing of consumers.

The Assessment Team observed that although common areas were generally well cleaned and maintained, the two storage rooms used to house PPE supplies were disorganised, not secured and not clean/sterile. One of the rooms held other equipment such as a communications server, with complex wiring hanging from it, and a ladder in an open doorway. Boxes of different types of supplies were not necessarily stacked together and were squeezed into the area, making it hard to audit and maintain stock levels.

Not all requirements were assessed and therefore an overall rating for the 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.*

The Assessment Team found that the service environment was not safe, clean, well maintained and comfortable.

The Assessment Team provided information that the service environment was not safe, clean, well maintained and comfortable in two areas. Two storage areas were found to be in disarray, with numerous obstructions that made the area unsafe for those that entered. The Assessment Team also noted that there existed a work, health and safety issue related to the correct charging and maintenance of lifting equipment utilised to transport consumers at the service.

The Assessment Team found that all previously identified issues at the service had been rectified. Feedback from consumers was that the service was clean, safe, and well maintained.

The approved provider submitted a response to the Assessment Teams report which included the approved provider did not agree with the assessment teams’ findings and provided additional material clarifying matters raised in the report.

I have reviewed the assessment team’s reports and the approved provider’s response in which they argued they have robust and safe systems for managing PPE supplies, storage and battery charging. The approved provider stated there is a process for charging lifter batteries and provided photographs of charging equipment and posters onsite. I note that this information was available to staff at the time of the assessment contact. Since the assessment contact I note the service has purchased additional equipment and conducted a toolbox training session to assist staff in charging the lifting equipment batteries.

In their response the approved provider details that the storage areas identified by the Assessment Team were undergoing maintenance work on that day to install new WiFi system which is why equipment had been moved. Staff were aware of this and this did not actually constitute a hazard for consumers.

I acknowledge this additional information has provided clarity and demonstrates the service environment is safe, clean, well maintained and comfortable, and enables consumers to move freely, both indoors and outdoors, therefore I find this requirement compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Most consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. However, the Assessment team received feedback from a consumer regarding their experience of extended delays in call bell response times and concern that this may point to insufficient staffing levels.

Staff interviewed stated that staffing levels were enough, and the service confirmed it had recruited 72 new staff in the last 12 months and uses overtime and time in lieu to maximise shift coverage. However, the Assessment Team observed a delayed response to a call bell during the assessment, and feedback from a care worker indicated that other staff may not be treating all call bells with the same level of importance, based on preconceived assumptions about certain consumers’ call bell use. Also noted was the increase in the number of falls and pressure injuries and care staff working outside their scope of practice, in particular, dressing complex wounds and making wound management changes without relevant oversight by the Registered Nurse.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found that the workforce is not planned to enable, and the number and mix of members of the workforce deployed does not enable the delivery and management of safe and quality care and services.

The Assessment Team provided evidence of call bell discrepancies, and staff feedback related to the culture of staff towards call bell attendance. Also noted was the increase in the number of falls and pressure injuries and the practice of care staff working outside their scope of practice, in particular, dressing complex wounds including pressure injuries and making wound management changes without relevant oversight by the Registered Nurse.

The approved provider submitted a response to the Assessment Teams report which included the approved provider did not agree with the assessment teams’ findings and provided additional material clarifying matters raised in the report.

I have reviewed the assessment teams reports and the approved provider response. including education delivered, re-tasking of all wound management to the Registered Nurse’s, and the recent results of call bell audits. While I acknowledge that the call bell incident appears a one off, and the review of falls management has not indicated a correlation to the call bell responses, and subsequent call bell audits have shown an improvement after the assessment contact; I note that some of this action has occurred after the assessment contact. It is appropriate to review and consolidate these improvements over a period of time, to consider if they have been effective and sustainable.

I find this requirement non-compliant as the workforce is not planned to enable, and the number and mix of members of the workforce deployed does not enable, the delivery and management of safe and quality care and services.

# 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 2(3)(a)

### *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.*

### Assessment and planning processes ensure all assessments are complete and reflect the consumer’s current needs, including consideration of the risks to their health and well-being, to informs the delivery of safe and effective care and services.

### Requirement 2(3)(e)

*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.*

* Care and services are regularly reviewed for effectiveness when circumstances change or when incidents occur to ensure care and services provided appropriately address the consumer’s needs, goals or preferences.

### Requirement 3(3)(a)

*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.*

Restraint

* The risks associated with the use of chemical restraint are clearly explained to stakeholders, the relevant consent is obtained and the need for chemical restraint is regularly reviewed for each consumer.

Wound management

* All wound management is reviewed by a suitably trained person and staff trained and equipped to provide effective wound care in accordance with best practice and the service’s policies and procedures.
* All wound care documentation is clear, detailed, and effective in monitoring the condition of a wound.

Pain management

* Consumer pain is identified, documented and managed in accordance with best practice.
* All staff are trained and equipped to provide effective pain management in accordance with best practice and the service’s policies and procedures.

### Requirement 3(3)(b)

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

Diabetes management

* All consumers with a diagnosis of diabetes are reviewed in conjunction with the associated general practitioner or specialist, and staff trained and equipped to provide effective diabetes management in accordance with best practice and the service’s policies and procedures.

Falls management

* Falls management is reviewed to ensure that recent increases in falls are analysed and strategies formed to decrease falls at the service.
* Following a fall, consumers are treated in accordance with the service’s policies and procedures and best practice guidelines.
* Incident management is effective in identifying strategies to minimise potential risk of injury to consumers.

### Requirement 7(3)(a)

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

* Staff are enabled to deliver safe and quality care and services with appropriate education and training, within their scope of practice.
* Staffing levels and call bell response times are monitored to ensure consumers receive safe and quality care and services.