Warrigal Care Albion Park Rail

Performance Report

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**Commission ID:** 0291

**Provider name:** Warrigal Care

**Assessment Contact - Site date:** 3 December 2020

**Date of Performance Report:** 15 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 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 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 approved provider’s response to the Assessment Contact - Site report received 6 January 2021.

# STANDARD 2 NON-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

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The Assessment Team found most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. However, while some care plans reviewed were updated appropriately others were not. The Assessment Team also found there is not a system in place to facilitate timely management, oversight and update of the risk assessment forms. Consumer care plans did not consistently demonstrate adequate review occurred following a change to their circumstances.

The Quality Standard is assessed as non-compliant as two of the five specific requirements have been assessed as non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

## 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 reported the service has an assessment, planning and documentation of care needs procedure that includes the needs and goals for the safe delivery of care to the consumer. There are assessment templates and checklists to ensure relevant information is collected and recorded. Risk assessment forms are in hard copy and kept in each section where the consumer resides.

However, the Assessment Team found there is not a system in place to facilitate timely management, oversight and update of the risk assessment forms. These included:

* They found mobility care plans were not being regularly updated and were informed by the physiotherapist of a considerable backlog of mobility care plans requiring to be updated. The service was able to demonstrate, on a spreadsheet, that they were compiling a system whereby each consumer would be receiving regular mobility updates once the backlog had been cleared.
* One of the care plans reviewed did not include an adequate or current assessment of risk to an identified consumer, and the risk of their behaviour to themselves and other consumers.
* Not all of the assessments for 16 consumers use of bedrails in situ at the service were complete and authorised as required.

In response the approved provider stated the service had reviewed assessments and care plans to ensure currency and to ensure they reflect the needs of consumers for care and services. In particular, to ensure at least three-monthly reviews are occurring. For example, since the performance assessment a further 26 consumers have had their mobility and dexterity care plans updated.

The identified consumer’s care plan had been reviewed on 2 December 2020 and this was updated on 5 January 2021. A dignity of risk assessment for the same consumer was completed and signed on 31 December 2020. Copies of these were included in the approved provider’s submission. They showed identification of risk including triggers and a range of interventions, such as ongoing allied health service and pastoral support for this consumer. A review of consumers using bedrails is underway including discussion regarding the use of alternate strategies other than the use of bedrails.

I have considered the Assessment Team’s findings and the approved provider’s response. Although actions have been taken to address the matters raised and show improvement to how the service considers assessing for risk, I have given weight to the findings at the time of the assessment contact. The service could not demonstrate its systems in place to address or assess risk were effective or being applied in a timely manner. It is my view the service requires further time to demonstrate that overall the changes made and actions taken are ongoing, effective and can be sustained.

Based on the information provided I find this requirement is non-compliant.

### 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.*

While the Assessment Team reported the service was able to demonstrate that some consumers had their care plans updated regularly and following significant health events, they were unable to demonstrate this occurred consistently.

Care plans were seen to include details of the consumers’ diagnosis, medical history and the documentation of known allergies. Individual care plans include details of individual requirements, such as personal hygiene needs, pain control, mobility requirements, and dietary requirements. However, the Assessment Team reported some of the sampled consumer care plans and medication charts did not consistently demonstrate evidence of review when a consumer’s circumstances changed. For example:

* The care plan report accessed by the Assessment Team in the electronic system indicated that many consumers’ care plans were not current.
* One consumer had an ‘as required’ (PRN) psychotropic medication charted which management said had been prescribed following a hospital admission but that these were not given but would be ceased by the consumer’s medical practitioner. They said staff knew not to administer the PRNs. These medications were not listed in the psychotropic medication register.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

The approved provider responded noting all consumers have a current care plan and that these are reviewed and updated as and when required, including when there is a change of circumstances. The consumer identified under this requirement is recognised as high risk and is entered on the high risk/impact register. This consumer is currently being reviewed by the clinical and palliation team.

I have considered the Assessment Team’s findings and the approved providers response and acknowledge improvements have been put in place to ensure that when a consumer’s circumstances change that effective assessment and review occur. However, I am not persuaded the service has demonstrated this is consistently occurring or that adequate and timely review is being initiated. See Standard 3 Requirement (3)(a) and (3)(b) for further information regarding this.

Based on the information provided I find this requirement is non-compliant.

# 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

The service has policies and procedures in relation to personal and clinical care referencing best practice recommendations.

However, the service was unable to demonstrate that consumers are consistently receiving personal and clinical care that is safe and based on best practice and in the management of high impact or high prevalence risk.

The Assessment Team identified gaps in the areas of pain management, restraint, wound care, behavioural management, falls and weight management. The service could demonstrate care practices were consistent with clinical policies and procedures.

The Quality Standard is assessed as non-compliant as two of the seven specific requirements have been assessed as non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### 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 reported the service has policies and procedures in relation to personal and clinical care; referencing best practice recommendations. However, it has not been demonstrated that consumers are consistently receiving personal and clinical care that is based on best practice. This includes in areas such as pain management, wound care, behavioural management, restraint minimisation and the use of psychotropic medications, falls or weight management. In addition, the service could not demonstrate care is tailored to each consumer’s needs, and/or optimises their health and well-being.

For most consumers sampled by the Assessment Team, personal and clinical care was found to be neither safe, nor effective. One consumer’s care plan identifies several high risk personal and clinical care issues. It was not evident these were appropriately monitored or addressed when there was a deterioration in the consumer’s physical health, behaviour and well-being. Another consumer’s pressure wounds were seen to be inadequately managed, monitored and documented and the wound to have deteriorated. Likewise, this consumer’s pain assessments and management were inconsistent and not in line with best practice. Another consumer’s use of as required (PRN) psychotropic medication did not consistently show that non-pharmacological interventions were being applied before the administration of a PRN psychotropic medication. The service could not demonstrate overall, that effective minimisation of physical and environmental restraint requirements were being consistently applied sufficient to show best practice in these areas.

The approved provider’s response and submission shows a number of reviews and assessments occurred in regard to the Assessment Team’s findings and following this performance assessment. Actions described include updating the identified

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

consumers care plans and documentation to ensure practices are supporting care effectively. Adjustments have been made to the clinical data base system to better monitor and respond to clinical alerts. The clinical nurse specialist is overseeing skin integrity/wound care. The service is reviewing all use of psychotropic medication through external auditing. A pain monitoring process has been implemented to ensure appropriate procedures and interventions are followed by care staff. The service is reviewing its use of bedrails in line with the minimisation of restraint requirements.

Although I acknowledge the actions taken by the service to address the issues raised, I have given weight to the Assessment Team’s findings during the assessment contact. It is my view that the service requires further time to show the systems supporting this requirement are effective and can be sustained.

Based on the information provided I find this requirement is non-compliant.

### 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 reported the service records in clinical indicators high impact or high prevalence risks associated with the care of each consumer and this data is analysed for trends. The service also has documented clinical procedures for the management of high impact or high prevalence risks. However, the Assessment Team’s review of clinical documentation for consumers does not indicate effective management of these risks in alignment with the service’s policies and procedures.

Care and services do not reflect that the service consistently monitors and adjusts practice in relation to high impact and high prevalence risks. For example, the service could not demonstrate adequate supervision of an identified consumer’s ongoing behaviours. This included that their care plan, interventions and practices did not sufficiently address the risk of their behaviour to themself and other consumers. In addition, the service could not demonstrate it effectively manages high prevalence wound care risk.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

In response the approved provider identified the actions taken to address the issues under this requirement. This includes reviewing the care and support of a consumer demonstrating high risk behaviours including further specialist intervention and ensuring the system for management of wounds is monitored and is effective, including providing a clinical nurse specialist overview. The approved provider also outlined the system to manage and monitor areas such as pain, falls and weight-loss.

I acknowledge the actions taken by the approved provider and the documentation provided in their submission to show how this is being applied. However, I have given weight to the Assessment Team findings which show these systems were not effective at the time of the assessment contact. It is my view the service requires further time to demonstrate the changes made are effective, ongoing and sustainable in managing high impact or high prevalence risks associated with the care of each consumer.

Based on the information provided I find this requirement is non-compliant.

# STANDARD 7 NON-COMPLIANT Human 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

The service was not able to demonstrate it provides a workforce that is planned to enable appropriate care and services for consumers. The systems in place are not effective in demonstrating they provide adequate services to consumers sufficient to consumer needs.

Consumer feedback on staff responsiveness confirmed that staff are unable to respond adequately to their needs in a timely manner. The majority of staff interviewed said they do not have enough time to complete their work during their shift and because of this there are times consumers have to wait to have their care needs met.

The Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

# STANDARD 7 NON-COMPLIANT Human resources

The Assessment Team reported the service was unable to demonstrate it provides a workforce that is planned to support appropriate care and services for consumers. The systems in place are not effective in providing adequate and timely care and services to consumers when their needs increase.

The Assessment Team findings included consumer feedback, including complaints, on staff responsiveness. This confirmed that staff are not always able to respond adequately to their needs in a timely manner. Staff interviewed said they do not have enough time to complete their work during their shift and that sometimes consumers had to wait have their care needs met. Staff were observed, at times, to be rushed and unable to attend to consumers in a timely manner. Call bell response time findings showed a number of consumers were waiting ten minutes or more for assistance.

In its response the approved provider stated its view that its workforce was adequately planned and reviewed and indicated that call bell analysis is conducted through regular call bell audits. It provided information how it addressed the individual issues raised by identified consumers under this requirement following the assessment contact. It provided clarity on one piece of information identified by the Assessment Team.

I acknowledge the service is of the view there is sufficiency of staff to meet consumer needs and preferences. However, based on the Assessment Team findings and the approved provider’s response, I am not satisfied this has been sufficiently demonstrated. I have given weight to feedback from consumers, representatives and staff on this issue as well as the Assessment Team’s observations of staff practices during the performance assessment. In particular, that the service has not been able to demonstrate there is a sufficiency of staff to ensure the safe and effective delivery of care and services.

Based on the information provided I find this requirement is non-compliant.

# 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.*

* Demonstrate that a system is in place that ensures 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, and that such assessment and planning is undertaken in a timely and effective manner

### 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.*

* Demonstrate that care and services are reviewed regularly for effectiveness or when a consumer’s circumstances change, and that such review is undertaken in a timely and effective manner

### 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.*

* Demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, including but not limited to pain management, wound care, behavioural management, restraint minimisation, the use of psychotropic medications, falls and weight management.

### Requirement 3(3)(b)

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

* Demonstrate effective management of high impact or high prevalence risk in alignment with the service’s policies, procedures and practices.

### 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.*

* Demonstrate that the mix and sufficiency of staff, and that the systems in place, are effective in providing safe and quality care and services*.*