Warrigal Care Calwell

Performance Report

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CALWELL ACT 2905
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**Commission ID:** 2948

**Provider name:** Warrigal Care

**Assessment Contact - Site date:** 6 April 2021

**Date of Performance Report:** 7 May 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)(a) | Non-compliant |
| Requirement 3(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, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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.

Most consumers who spoke with the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. Two consumers and one representative stated that pain is managed well at the service and they have access to pressure-relieving mattresses to maintain skin integrity. One representative said they are kept informed of psychotropic medication for their relative which is working well, and, the care is good. One representative said they are kept informed of what is going on with the consumer’s care.

While consumers sampled by the Assessment Team said they get the care they need, and staff demonstrated they knew consumer needs, review of consumer’s care documents demonstrated that not every consumer is receiving personal and clinical care that is best practice, tailored to their need or optimises their health and well-being. Additionally, not all care documentation was able to be located due to the service transitioning from paper-based to electronic care files.

Review of care documents by the Assessment Team also demonstrated that staff are not recognising deterioration or changes in a consumer’s condition and not responding in a timely or appropriate manner.

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 found consumers sampled were satisfied with the care they receive, and staff were able to demonstrate they knew consumer care needs. However, review of care planning documentation did not always demonstrate that consumers receive personal and clinical care that is tailored to their needs and optimised their health and well-being. The service was unable to demonstrate that procedures for chemical restraint of consumers is consistent with best practice or the service’s policies regarding chemical restraint. Additionally, effectiveness of pain management was not always recorded in pain charts as required.

The Assessment Team identified incomplete clinical information recorded for a consumer who has been prescribed regular antipsychotic medication. The Assessment Team identified consent forms which stated as required antipsychotic medication indicated for consumers’ behaviour was not a chemical restraint, which is in contradiction to the organisation’s policies on restraint. For one consumer there was no documented evidence to show non-pharmacological interventions were trialled prior to administration of an antipsychotic medication. The Assessment Team identified the assessment of pain and effectiveness of pain management was not always recorded consistent with the service’s policies and procedures.

At the time of the assessment contact the service were in the process of creating a psychotropic medication tracker which will include comprehensive information on all consumers who have a chemical restraint.

While the service is taking action to address the deficits identified by the assessment team at the time of the assessment contract these were still in progress. The approved provider did not provide a further response.

I find this requirement is Non-compliant.

### Requirement 3(3)(d) Non-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.*

The Assessment Team found consumer care documentation did not demonstrate that staff monitor and recognise deterioration in consumers physical condition and did not respond in a timely manner for some consumers. The Assessment Team identified for two consumers staff did recognise changes in their conditions and responded to these in a timely manner. However, for three other consumers this did not occur. One consumer’s deterioration in health was noted by lifestyle staff but was not reported to a registered nurse in accordance with the service’s policy and procedures, and no follow up or review was conducted. The consumer was transferred to hospital the next day as a result of an unwitnessed fall, the hospital summary includes that the consumer’s fall was due to both poor balance and an infection.

The service are providing additional training on recognising deterioration however this has not been completed by all staff. The approved provider did not provide a further response.

I find this requirement 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 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.*

The approved provider must demonstrate that:

* Consumer information and consent for chemical restraint is current and in line with the organisation’s policies and best practice.
* The psychotropic medication tracker is completed as planned, kept updated and used in the overall monitoring of psychotropic medication use at the service.
* Pain management for consumers includes assessment of pain and monitoring of pain management strategies for effectiveness.

### Requirement 3(3)(d)

*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.*

The approved provider must demonstrate that:

* The service continues to provide further education and training to staff on recognising and responding to deterioration.
* All staff are aware and follow the organisation’s policies and procedures including escalation where deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is identified.