Warrigal Care Warilla

Performance Report

1 Arcadia Street   
WARILLA NSW 2528  
Phone number: 02 4297 0999

**Commission ID:** 2497

**Provider name:** Warrigal Care

**Assessment Contact - Site date:** 31 March 2021

**Date of Performance Report:** 13 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(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 report; 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 26 April 2021.

# 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

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 sampled consumers and their representatives considered that they receive personal care and clinical care that is safe and right for them. The service has policies and procedures to guide staff in relation to providing personal and clinical care. However, despite the mostly positive feedback from consumers, review of consumer documentation identifies deficits in the areas of pain, behaviour, falls, restraint and diabetes management and that these areas were not consistent with best practice.

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) 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 most sampled consumers considered that they receive personal care and clinical care that is safe and right for them. However, review of consumer documentation, identified that each consumer does not always receive personal and clinical care that is safe and effective. The assessment team reported that the service has policies and procedures to guide staff in relation to providing personal and clinical care, however it has not been consistently demonstrated in practice that consumers are receiving personal and clinical care that is best practice, tailored to their needs, and/or optimises their health and well-being.

The Assessment Team found that for several consumers, pain is not always managed effectively, and analgesia administered is not evaluated for effectiveness. Moreover, diabetes, wound, falls, restraint and behaviour management practices were found to lack appropriate follow-up and evaluation when required. Blood glucose levels (BGL’s) are not always reassessed post insulin administration when the BGL is outside of the directed range and neurological observations were not always completed for 24 hours consistent with the service’s protocol post unwitnessed falls.

The assessment team identified several consumers without a listed diagnosis for psychotropic medication use, and the service could not demonstrate a decrease in the usage of psychotropic medications. Review of documentation identified that staff are not always implementing recommended behavioural strategies and strategies that are used have not often been evaluated for effectiveness.

The approved provider’s response outlined several continuous improvement activities which have commenced to address the identified deficits and included diabetes management training, psychotropic medication management, behaviour management strategies, wound management and falls management. it is acknowledged that the service is addressing the identified deficits however this will take time to embed in practice.

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.*

* Ensure that all staff are delivering personal and clinical care that is tailored to consumers individual medical directives, needs, goals and preferences
* Ensure that a review of psychotropic medications occur, and that psychotropic use is aligned with best practice recommendations.
* Ensure that proposed actions in continuous improvement plans are actioned accordingly.