Warrina Aged Care

Performance Report

176 Station Road   
NEW GISBORNE VIC 3438  
Phone number: 03 5428 1348

**Commission ID:** 3984

**Provider name:** Jamia Healthcare Pty Ltd

**Assessment Contact - Site date:** 10 February 2022 to 11 February 2022

**Date of Performance Report:** 15 March 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will 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** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 8 March 2022.

# STANDARD 2 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

The Assessment Team assessed one requirement under this Quality Standard. It is found Compliant.

An overall rating for this Quality Standard is not provided as not all requirements were assessed.

## Assessment of Standard 2 Requirements

### 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.*

The Assessment Team found that while regular reviews of care occur, these are not always effective in capturing changes in consumers’ needs. Following a change in consumers’ circumstance consideration of further assessment and/or review of consumers’ care and services was not always evident. The Assessment Team provided information about one consumer for whom changes in mental health status and weight loss and subsequent monitoring were not adequately recorded. A second consumer who experienced increased falls following changes to their psychotropic medication had no records indicating that changes to medication had been considered as a potential risk. The Assessment Team also found that details of consumers’ psychotropic medication are not accurately reflected in the psychotropic medication register and the restrictive practices forms used to record informed consent given by consumers’ representatives do not include the name of the medication or dosage and are not consistently signed.

The Approved Provider’s response indicates that appropriate actions were taken to manage and mitigate risk associated with the first consumers’ mental health status and weight loss in consultation with their family and general practitioner. While documentation of these actions was limited it was adequate given the circumstances of the COVID-19 outbreak at the service at the time. In relation to the second consumer, the Approved Provider’s response also provides evidence of regular general practitioner and geriatrician review and behavioural charting by staff at the service indicating an awareness of falls and other risks for this consumer which were managed appropriately. The response notes that the issue regarding information on the restrictive practices forms has been addressed.

I have reviewed all of the information provided and on balance I find this requirement is Compliant. The Approved Provider was able to demonstrate that while there were some gaps in clinical documentation due to a recent COVID-19 outbreak, consumers’ care and services were reviewed and changes responded to ensure safe and appropriate care provision.

# STANDARD 3 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 Assessment Team assessed three of the seven requirements under this Quality Standard. These three requirements have been found Compliant.

An overall rating for this Quality Standard is not provided as not all requirements were assessed.

### 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) Compliant

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

The Assessment Team found that the service was unable demonstrate effective management of high impact or high prevalence risks for sampled consumers in relation to weight loss management, falls management and skin integrity. The Assessment Team provided examples of a consumer’s weight loss not responded to effectively and their suprapubic catheter site not managed appropriately. The Assessment Team also provided an example of a consumer whose representative reported that repositioning of the consumer during the day was not attended to as required, and a consumer whose risk of falls in relation to prescribed medication was not identified appropriately.

The Approved Provider’s response demonstrates that the consumer who lost weight during the COVID-19 lockdown did have this issue identified and managed. The consumer was placed on supplements, was reviewed by their general practitioner in January 2022 and a dietitian review was scheduled for February 2022. The consumer has gained some weight over the last month since the lockdown was lifted. The responses also demonstrates that the consumer who experienced an infection of their suprapubic catheter site did have this issue identified and managed appropriately.

The response acknowledges that staff do not record repositioning of consumers for pressure care but demonstrates that the pressure injury sustained by the consumer was identified at an early stage, managed effectively and resolved in less than a month. The Approved Provided has now implemented charting of pressure area care in all circumstances.

The response demonstrates that the consumer experiencing falls has had the impact of medications discussed by the geriatrician and the general practitioner, at a multidisciplinary case conference in consultation with the consumer’s representative and a decision made to continue the medication. Appropriate falls prevention interventions are in place and the consumer is regularly reviewed by the physiotherapist.

I have reviewed all the information provided and find this requirement Compliant. The Approved Provider was able to demonstrate that consumers with weight loss, falls and skin integrity issues are managed effectively.

### 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 7 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 Assessment Team assessed one requirement under this Quality Standard and found it Compliant.

An overall rating for this Quality Standard is not provided as not all requirements were assessed.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed one requirement under this Quality Standard. It is found Compliant.

An overall rating for this Quality Standard is not provided as not all requirements were assessed.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

While the Assessment Team were provided with superseded policy documents in relation to this requirement, the Approved Provider’s response clarifies that this was an error and provided the current documents. I am satisfied that this requirement is Compliant.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.