Wellington Park Private Care

Performance Report

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**Commission ID:** 5362

**Provider name:** Superior Care Group Pty Ltd

**Assessment Contact - Site date:** 15 September 2021 to 16 September 2021

**Date of Performance Report:** 15 October 2021

# Performance report prepared by

Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner.

# 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)(b) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(e) | 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 provider’s response to the Assessment Contact - Site report received 12 October 2021
* other information and intelligence held by the Commission in relation to the service.

# 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 did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

Assessment and planning processes identified and addressed consumers’ current needs, goals and preferences, including advance care planning and end of life planning.

Consumers were able to describe what was important to them in terms of how their care was delivered, examples included wanting to be pain free and the involvement of family.

Care planning documents contained the current needs, goals and preferences of consumers and this aligned with consumer feedback. Care planning documents also included the advance care and end of life planning in line with consumers’ preferences.

The assessment and care planning process identified consumers’ goals needs and preferences that informed the care plan development and delivery of care. Staff understood consumer needs and stated they could refer to the Registered nurse if they required more information. Staff described what was important to the consumers in terms of how their personal and clinical care was delivered, and this information aligned with care planning documentation. Consumers’ end of life preferences were discussed when the consumer entered the service. Registered staff referred to end of life documentation and discussed these with the consumer and representative when a consumer experienced a deterioration.

Electronic records were observed to contain information relating to consumers’ end of life documentation. Staff were observed supporting consumers with their personal cares. The organisation had policies and procedures and guidance resources for staff regarding advance care planning and assessing palliative care needs.

Based on the information contained above, it is my decision this Requirement is Compliant.

# 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 did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

### 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.*

Consumers received safe and effective clinical and personal care which was tailored to their needs, was best practice and optimised their health and well-being. Consumers provided positive feedback in relation to the delivery of care and services. Care delivery and care documentation included behaviour management support, individualised hygiene needs and diabetic care.

Staff described consumers’ individual needs and preferences and how these were managed in line with their care plan. Staff knew care delivery was safe and effective as they involved consumers, representatives and when required healthcare professionals in assessment and discussion about consumers’ care needs. Staff received education and training via staff meetings and electronic learning platforms to assist them to deliver safe and effective care to consumers. If registered staff were concerned about consumers’ clinical care or needs, they spoke speak with clinical management staff or Medical officers. Care staff advised they would speak with their supervisor or Registered nurse if they had any concerns about consumer care needs.

The organisation had evidence-based policies and procedures which were reviewed at an organisational level and were available to staff to guide delivery of care and services to consumers.

In relation to restrictive practices and psychotropic medication usage, the Assessment contact – site report identified 75% of consumers were prescribed psychotropic medication, including 27 % of consumers considered to be chemically restrained. Environmental restraint was in use for 52% of consumers who resided in two memory support units. Whilst staff were aware of restraint management and minimisation and described the care documentation the service implemented in relation to restrictive practices, they did not demonstrate a shared understanding of the restrictive practices legislation which came into effect on 1 July 2021. In the Approved provider’s response to the Assessment contact – site report, noted all staff have to complete Restrictive practices and restraint education by 15 October 2021, and registered staff have been provided with policies and procedures relating to restrictive practices.

Behaviour management plans had not been completed for all consumers who exhibited challenging behaviours. The Approved provider noted in its response behaviour management plans are expected to be completed by 15 October 2021, and this process has been added to the plan for continuous improvement to enable regular review and monitoring. I note the Assessment contact – site report did not contain information to support consumers with challenging behaviours were not effectively managed. Therefore, I have considered this information and have deemed the actions taken by the Approved provider to be sufficient in addressing this deficit.

Risk assessments and restraint authorisation did not consistently record the medication prescribed for the use of chemical restraint. The Approved provider in its response stated electronic versions of restrictive practice forms are in the process of implementation and medical officers have completed the required documentation including specific medication. In considering this information, in note the service liaises with an external dementia management specialist, the service monitors the use of psychotropic medication, staff had a sound understanding in relation to chemical restraint including alternative non-pharmacological strategies and as required chemical restraint usage was deemed to be minimal. Therefore, I have considered this information alongside the Approved provider’s response and have deemed the actions taken by the Approved provider to be sufficient in addressing this deficit.

In relation to skin integrity and wound management, wound care documentation demonstrated consumer’s wound healing progress was consistently monitored, all wounds are attended, reviewed, photographed and documented as scheduled by registered nurses. Skin assessments and monitoring records, including wound care documentation identified consumers’ skin care needs have been managed effectively and tailored to their preferences, through the provision of appropriate wound and pressure area care. Care documentation confirmed, if the service required support with managing a complex wound in the first instance they consult with the Medical officer or an external wound care specialist when required. The service had skin integrity and wound management policies and procedures to guide staff in the delivery of skin care for consumers.

Care documentation identified Medical officers and the physiotherapist were consulted to assist with consumers’ pain management. The service included non-pharmacological and or pharmacological strategies to assist consumers with pain management. Staff assessed pain in consumers who were unable to communicate verbally via non-verbal cues such as moaning, facial expression and restlessness, and these signs were responded to appropriately. Care documentation for consumers who had chronic or changed pain management needs identified care delivery was safe, effective and tailored to the needs and preferences of the consumers, optimising their health and well-being. The service had pain assessment and management procedures including specialised tools for consumers who could not verbalise pain. The service had an evidence-based pain management policy to guide staff delivering care to consumers.

Based on the information contained above, it is my decision this Requirement is Compliant.

### Requirement 3(3)(b) Compliant

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

Individual risks to consumers were identified and effectively managed however monitoring and analysis of high risk and high impact incidents involving consumers was not consistently completed. Staff were not consistently completing follow up processes relating to falls. The Approved provider in its response stated education has been provided to staff and falls policies and procedures have been provided to registered staff. Weekly clinical meetings have recommended whereby all clinical incidents are discussed. Falls risk assessment tools are reviewed by the physiotherapist and clinical management to ensure compliance with the service’s policies and procedures. I have considered this information and note consumer representative feedback was complimentary in relation to the post falls management for one consumer and registered staff demonstrated appropriate actions to be taken following a fall sustained by a consumer. Therefore, I have considered this information alongside the Approved provider’s response and have deemed the actions taken by the Approved provider to be sufficient in addressing this deficit.

Care documentation reflected high impact or high prevalence risks were identified and managed, including falls minimisation strategies and fluid monitoring. Results of audits and clinical indicators were discussed with staff at meetings. Policies were available to staff electronically related to high impact or high prevalence risks associated with consumers. Staff described the high impact or high prevalence risks for consumers within the service including falls, infection and weight loss. Staff were aware of how to report and document consumer incidents.

Staff meeting minutes identified results of audits and clinical indicators were discussed with staff. Observations confirmed the service was using falls prevention and harm minimisation measures including floor level beds and movement sensor alarms for beds and chairs to minimise the risks of falls. The service had policies and procedures related to high impact and high prevalence risks to support staff in delivery of care.

Based on the information contained above, it is my decision this Requirement is Compliant.

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

Deterioration or change in a consumer’s health or well-being was recognised and responded to in a timely manner. Consumers and representatives advised the service responded appropriately and in a timely manner to any deterioration in a consumer’s condition and representatives were kept informed of any changes to a consumer’s health or well-being.

Care documentation reflected the identification of, and response to, deterioration or changes in consumers’ condition. This included care relating to urinary tract infections, weight monitoring and general deterioration in condition.

Staff provided recent examples of when a deterioration or change in a consumer’s condition was recognised and responded to, including the transfer of a consumer to hospital after becoming unwell. Education had been provided to staff in relation to management of consumer deterioration via online training. Meeting minutes identified staff had been made aware of clinical guidelines available to support care and management of consumers. Registered staff described the action they would take if a consumer showed signs of deterioration. This included completing a full physical assessment of the consumer, notifying the Medical officer, notifying the representative and checking the consumer’s appropriate health decision maker to guide management of the consumer. Registered staff had clinical guidelines to assist them with managing consumers who experience deterioration. The service liaised with an external aged care team at the local hospital if they required advice or support in relation to a consumer’s health or well-being.

Staff had access to policies, procedures and clinical information to guide them in recognising and responding to a deterioration or change in a consumer’s condition. Clinical guidelines to guide care delivery were available to staff in the nurse’s workstation.

Based on the information contained above, it is my decision this Requirement is Compliant.

# 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 did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## 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.*

The workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. Consumers and representatives interviewed did not raise concerns regarding the adequacy of staff numbers and stated their needs were being met. Consumers and representatives confirmed there were sufficient staff to meet their needs including when mobilising within their room and when they used their call bell for assistance staff attended in a timely manner.

#### The service utilised a combination of registered and care staff to provide care across a 24-hour period. Review of rostering documentation confirmed, that all shifts were filled across all wings of the service in the 14 days prior to the assessment. Management advised that recruitment for new staff was ongoing and that funds had been allocated for agency staff to fill shifts until staffing levels improved. The Approved provider in its response stated the staffing and funding situation in aged care was not sustainable and consumers and aged care providers were at risk. While I have considered this information when considering compliance in this Requirement, I note that at the time of the Assessment contact shifts were filled and consumers were satisfied with staffing levels. Feedback from staff was there was not sufficiency of staffing, however, staff were unable to contribute the lack of staffing to deficiencies in consumer care.

#### Call bell records were reviewed for the month prior to the assessment. These demonstrated that most call bells were answered within 2 to 3 minutes. The service was upgrading the call bell system to improve its functionality and reporting capacity. Minutes of the service’s recent board meetings evidenced that management had informed the board of the need to improve staffing levels.

#### Staff were observed to be attending to their daily routines without rushing. Staff were observed spending one to one time with consumers.

#### Based on the information contained above, it is my decision this Requirement is Compliant.

# 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 did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The organisation had an effective clinical governance framework that supported clinical care practice within the service and larger organisation. Staff were aware of the clinical governance framework and used the policies and processes in relation to clinical care.

Management and staff demonstrated an awareness of how they supported antimicrobial stewardship, open disclosure and minimising the use of restraint as part of care delivery. The service maintained a register of consumers prescribed psychotropic medication and demonstrated that for some consumers, the use of chemical restraint had been reduced through reviews with consumers and representatives, Medical officers and clinical pharmacists.

Management and staff described ways infection within the service was minimised, reducing the need for antibiotics, and described training provided to staff such as personal protective equipment competency, hand hygiene practises and infection control.

The complaints register, and files of sampled consumers demonstrated the service had followed an open disclosure process in relation to consumer complaints.

The service conducted quarterly internal audits and benchmarking of clinical care.

Based on the information contained above, it is my decision 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.