Wynwood Nursing Home

Performance Report

77 Sydenham Road
NORWOOD SA 5067
Phone number: 08 8362 3568

**Commission ID:** 6865

**Provider name:** Wynwood Nursing Home Pty Ltd

**Assessment Contact - Site date:** 3 February 2021

**Date of Performance Report:** 3 April 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | 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 provider’s response to the Assessment Contact requirement 2(3)a - Site report received 23 February 2021. A response was not received about 3(3)b.

# STANDARD 2 NON-COMPLIANTOngoing 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 of the five specific Requirements in this Standard, Requirement (2)(a). An overall assessment of this Standard was not completed at this Assessment Contact as not all requirements were assessed.

The Assessment Team found that while the service has an assessment process to identify the needs goals and preferences of consumers including risks to well-being, the service was unable to demonstrate assessment and care planning processes were consistently utilised to inform the delivery of safe and effective care for every consumer. The Assessment Team found the service’s processes had been ineffective at identifying and informing care and services in relation to pain management and dietary preferences.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## 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’s report described examples sampled from 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.

While the Assessment Team’s report described improvements in the understanding and application of this requirement since the last Assessment Contact in relation to management of challenging behaviours, and consumers report they participate in assessments and are happy with their personal and clinical care, the Assessment Team found assessment and care planning processes had been ineffective at identifying and informing the delivery of care in relation to pain management and dietary preferences. The care plan and assessments for consumers was found not to be reflective of current risks or preferences for care in relation to pain and dietary requirements.

Allied Health and clinical staff were aware of consumers new experiences of pain; however, pain had not been re-assessed nor care plans updated to reflect the care and services required. There were also examples of delayed assessment for pain following falls and incorrect tools were applied. While the evaluation of pain acknowledged the ongoing presence of pain, the documentation records pain as well managed. Clinical staff interviewed reported new pain should be assessed, however, could not articulate specific examples of when pain assessments or pain charting would be initiated or used. The service does not have a specific policy or procedure in relation to pain management. Management reported it is incorporated into the ‘Assessment and Planning Policy’. That policy does not specify the specific type of assessment tool to use and does not mention re-assessment or the use of pain charts. It also only refers to consumers newly entering the service. There is no guidance for the management of consumers already at the service about when staff are required to complete pain assessment.

A consumer confirmed he had been reviewed by Allied Health for swallowing difficulties; however, had not been involved in a discussion regarding his care, rather, told what he can and cannot eat. While his care plan identified the risk of choking and listed preventative measures, it did not describe the consumers preferences. Prevention strategies described in the care plan conflicted with the consumers wishes.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. While the Approved Provider is of the view that a sampled consumer experiences pain because he refuses treatment, this does not address the issue of the absence of re-assessment of new pain and care plans not being updated which incorporates his preferences. While the Approved Provider described alternate strategies for pain relief that were tried 16 months prior and discontinued because of a sedative effect increasing the consumers fall’s risk, they did not demonstrate how other strategies consistent with the consumers wishes have been trialled or assessed for suitability. I acknowledge that the Approved Provider has investigated the cause of the consumers pain with imaging with results received after the Assessment Contact. I also acknowledge that actions have been taken since the Assessment Contact for the consumer to participate in physiotherapy to increase core strength, encouraging participation in therapeutic massage and discussions with nursing and medical staff.

The information submitted by the Approved Provider about the delay in pain assessment confirms that this did not occur till 10.5 hours post fall. I accept that pain charting may not occur if the consumer is sleeping, however there was no assessment of whether she was in pain, to determine whether strategies were required immediately post fall. I accept the information provided confirms that analgesia was provided 10.5 and 14.5 hours after the fall, not the 13 hours reported, and that this was in response to the consumer reporting pain. I am however, not persuaded that the Approved Provider is using the correct tools to record pain at the right time for the consumer. While there may be a need to use a non-verbal pain screening tool when the consumer is confused or unable to verbalise, they did not satisfactorily explain why the Abby Pain Scale was being used when the consumer was not confused, disoriented, and could verbalise pain.

I accept that the information provided confirms that the Approved Provider has a Pain Management Policy incorporated into the Residential Care Policy Manual; however, this does not have an ‘effective date’. The Pain Management Procedure does not provide detailed guidance for when and how to assess pain for consumers and does not mention any specific tools. The response did not address the issue of staff not being aware of or following the appropriate pain assessment processes and why they could not describe the policy; nor what would be done to address this gap.

I do not accept the reason presented by the Approved Provider about the care plan not accurately reflecting consumers dietary preferences. While they record the specific recommendation of the Speech pathologist, they should also be recording the preference of the consumer. If these conflict, a risk assessment should document that risks have been explored, explained and controls implemented to minimise the risk, while honouring the consumers wishes. I am not persuaded by the information presented by the Approved Provider that they have a robust system to ensure that consumers preferences have been assessed to inform the delivery of their care in this regard. I acknowledge that there is an informal practice to advise the kitchen of likes, dislikes and allergies and that a substitute may be provided. However, this is person dependent and does not ensure the consumers preferences would be honoured if there is unfamiliar staff. I am satisfied that this system is not working effectively for the sampled consumer as he reports that he continues to receive food that is inconsistent with his preference. The information supplied about the consumer not being involved in the care planning for dietary requirements does not confirm that he was involved.

On balance, considering all information before me, I am of the view that the Approved Provider does not comply with this requirement as they have not demonstrated that 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 in relation to pain management and dietary preferences.

# 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

The Assessment Team assessed one of the five specific Requirements in this Standard, Requirement (3)(b). An overall assessment of this Standard was not completed at this Assessment Contact as not all requirements were assessed.

The service has processes, such as 24-hour progress note reviews, to manage and monitor risks related with the personal and clinical care of each consumer, in addition to policies and procedures to guide staff practice. However, the service could not demonstrate each sampled consumer’s pain had been managed effectively or assessed in a timely manner.

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)(b) Non-compliant

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

The Assessment Team’s report described the experience of sampled 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 Assessment Team also examined relevant documents.

While consumer files viewed demonstrated the service has identified high-impact and high-prevalence risk through assessment processes and documented individualised strategies for effective management in care plans for some risks, the service was not able to demonstrate the effective management of high impact or high prevalence risks for each consumer in relation to pain management. The Assessment Team observed the service had not identified, investigated or responded to new reports of pain for one consumer which has impacted on their ability to mobilise. The Assessment Team viewed care documentation and noted the current interventions in place for pain management were not only ineffective but were exacerbating the issue for the sampled consumer. The Assessment Team found the service had not evaluated the effectiveness of interventions or responded to reports of pain in a timely manner. Clinical staff interviewed acknowledged they had not checked whether current interventions were effective. They reported additional interventions for pain management had not been initiated.

The Assessment Team observed the service has some policies and procedures relating to best practice care delivery, such as diabetes management, behaviour management and restraint minimisation and staff confirmed they were easily accessible on the intranet. The Assessment Team also viewed evidence the service has processes, such as daily progress note reviews, clinical audits and, monthly focus meetings to identify, monitor, trend and analyse some high-impact and high-prevalence risks for consumers.

The Approved Provider did not provide a response to the Assessment Teams report concerning this requirement. The Approved Provider did not dispute the Assessment Team’s findings about this requirement. I have described my concerns about the level of instruction for staff in the assessment of pain in the compliance findings of Requirement 2(3)a. The relevant policies and procedures apply to the ongoing management of pain and I am of the view that they are also deficient in providing adequate guidance for the ongoing management of pain.

On the balance of information before me, I am of the view that the Approved Provider does not comply with this requirement as they have not effectively managed the high impact risk associated with consumers care, in managing pain.

# 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.*

The Approved Provider must demonstrate that:

* They have a plan to address the gaps identified by the Assessment Team about assessment and planning addressing risks to consumers health informing the delivery of safe and effective services in the areas of pain and dietary preferences; and
* Pain is re-assessed, and care plans updated to reflect the care and services required; and
* Care plan and assessments for consumers is reflective of current risks or preferences for care in relation to pain and dietary requirements; and
* Where swallowing risks have been identified for consumers, they have been involved in a discussion regarding their care; and
* Policy and procedures relating to assessment and planning for pain and dietary preferences provide adequate instruction to staff and that staff follow them.

### Requirement 3(3)(b)

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

The Approved Provider must demonstrate that:

* They have a plan to address the gaps identified by the Assessment Team about effective management of risks associated with the ongoing management of pain; and
* Policy and procedures relating to effective management of pain provide adequate instruction to staff, and staff follow them; and
* Consumers preferences are incorporated into plans for management of pain; and

Consumers are living lives as free from pain as possible.