Performance

Report

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| Name of service: | CraigCare Ascot Waters |
| Service address: | 2 Waterway Crescent ASCOT WA 6104 |
| Commission ID: | 7412 |
| Approved provider: | Glenn-Craig Villages Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 23 February 2023 |
| Performance report date: | 3 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for CraigCare Ascot Waters (**the service**) has been prepared by M Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

# Material relied on

The following information has been considered in preparing the 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; and
* the provider’s response to the assessment team’s report received 16 March 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | * **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Compliant |

Findings

The Assessment Team assessed Requirement (3)(a) as part of the Assessment Contact and have recommended Requirement (3)(a) met. The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding;

* Assessment and planning documentation showed a range of risks were identified for consumers sampled. This included for four consumers in relation to risks associated with; poor mobility, incontinence, swallowing difficulties, choking, diabetes and risks associated with falls. Care plans sampled contained information in relation to consumers’ preferences associated with personal care, daily routine and activity preferences.
* Registered nursing staff undertake assessments to inform the care and service plan.
* Consumers and representatives confirmed assessment processes in relation to the identification of consumers’ risks and preferences.
* Documentation viewed for sampled consumers showed changed behaviours are identified and strategies developed to guide staff.

Based on the information summarised above, I find the service Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The Assessment Team assessed Requirement (3)(b) as part of the Assessment Contact and have recommended Requirement (3)(b) not met. The Assessment Team were not satisfied the service was able to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer specifically in relation to risks associated with malnutrition, pain, choking and falls. The following evidence was considered relevant to my finding:

Consumer A

* The consumer entered the service approximately five months prior to the assessment contact. The consumer experienced minor weight loss over the next two months and three months prior to the assessment contact experienced an illness. Since entering the service, the consumer lost approximately six kilograms with the majority of weight loss occurring during the recent illness.
* The representative said the consumer was transferred to a hospital at the request of the family. The discharge letter showed the consumer was diagnosed with two medical conditions associated with reduced oral intake.
* Records showed the consumer was referred to an allied health practitioner prior to being admitted to hospital and was reviewed on return and the consumer’s weight is increasing. In addition, the consumer continues to be provided supplemental nutrition.
* The consumer’s care plan states they require extensive prompting with meals and supervision. Observations by the assessment team showed the consumer’s morning tea was left in the consumer’s room and the consumer was not present. Staff were not able to demonstrate if the consumer was provided morning tea.
* The representative said they attend the service to ensure the consumer receives adequate nutrition and hydration.
* The Assessment Team observed a snack was provided to the consumer which was not consistent with their assessed needs and preferences.

Consumer B

* The representative was not satisfied the consumer’s incontinence and weight loss were effectively managed. The representative said they have observed the consumer sitting in a soiled continence aid and they are in discussion with an allied health practitioner in relation to further support to address the consumer’s weight.
* The psychotropic register showed the consumer is receiving a regular psychotropic medication, however is not subject to a chemical restraint. Documentation from a hospital one year prior showed the medication was prescribed to treat the consumer’s changed behaviours indicating it is used as a form of chemical restraint.
* The representative confirmed they were aware the consumer was prescribed psychotropic medication, were provided a consent form and the representative is undertaking further research.

Consumer C

* The representative was not satisfied the consumer’s pain was effectively managed following a fall.
* Progress notes and feedback from the representative indicate ten days after experiencing a fall the consumer was observed having difficulty mobilising with increasing pain and swelling to an area of their limb. A further review was requested by the representative and on further investigation an injury was identified. The Assessment Team found there was no incident form or progress notes to show that staff had identified the swelling or bruising prior to the family raising the concern.

Consumer D

* The consumer experienced a choking episode in the month prior. The consumer was consuming a meal and the Assessment Team’s report indicates this was inconsistent with their assessed needs, goals and preferences.

Consumer E

Staff said Consumer E has a normal diet, but documentation directs the consumer to have a soft and bite-sized diet.

Consumer F

* Consumer F’s care plan states they require a Level 6 classification diet. However, the Assessment Team observed the main meal to contain peas. Management said the allied health practitioners were aware and had approved the peas.

Consumer G

* Blood glucose monitoring was not being completed in line with the consumer’s care plan. No adverse impacts had occurred, and management said they implemented an improvement plan in the month of the Assessment Contact.

Consumer H

* The consumer experienced 11 falls in the preceding three months. Records showed the consumer was reviewed by allied health practitioners and a range of interventions were undertaken. Despite the interventions the consumer continued to experience falls and no evidence was provided of a comprehensive evaluation and strategies remained the same.

Consumer I

* The consumer experienced a choking episode and was not referred to an allied health practitioner to assesses the consumer’s swallowing risk. The consumer was subsequently transferred to hospital for further management due to an unrelated matter.

The provider’s response refutes the Assessment Team’s recommendation of not met. The following evidence was provided relevant to my finding;

Consumer A

* Records of progress notes showing the consumer experienced an illness and staff were aware the consumer was losing weight. Evidence showed the medical officer had reviewed the consumer a number of times prior to the consumer being transferred to hospital and the poor oral intake and weight loss was secondary to the recent illness. Progress notes showed the medical officer’s recommendations which included encouraging the consumer to eat were noted.
* Progress notes showed staff were encouraging the consumer with meals, however the records showed the consumer was refusing.
* A range of records including daily screening and progress notes show staff were monitoring the consumer’s oral intake. The response acknowledges whilst a food fluid intake chart was not undertaken sufficient monitoring was recorded in the progress notes.
* Documentation showed the service contacted the allied health practitioner prior to the consumer being transferred to hospital and sought input. In addition, the referral to the allied health practitioner recognised the consumer had poor oral intake and was already on supplemental nutrition.
* In relation to the staff member providing Consumer A, a snack inconsistent with their prescribed diet, the response indicates management were unsure who provided the consumer the snack. Evidence was provided of staff training records following the Assessment Contact in relation to special diets.

Consumer B

* Asserts the consumer’s weight is effectively managed with the consumer’s weight increasing since entering the service.
* Regular scheduled meetings occurred with the representatives, and a recent allied health practitioner assessment was completed to review the consumer’s nutrition.
* The consumer’s continence is effectively managed as the consumer has not experienced a significant number of conditions associated with ineffective continence management.
* Evidence of progress notes showing the representative was satisfied approximately one year prior with the medications recommended by a medical specialist to manage the consumer’s changed behaviours and evidence of a psychotropic medication review approximately two months prior to the Assessment Contact specifically noting the medications were appropriate.

Consumer C

* The response states the consumer was transferred to hospital following a fall and no injuries were noted. Following return, a medical review was undertaken, and the consumer was noted as well. A further medical review was undertaken approximately two weeks later, and the consumer was noted as well.
* The response states shortly after two weeks the representative noted the consumer was in pain and had difficulty mobilising after which, the medical officer was notified, consumers’ pain was monitored, and they were commenced on additional analgesia. A further medical review was undertaken two days later and further follow up testing was organised which identified an injury.

Consumer D

* Records confirming the consumer was assessed by an allied health practitioner and the assessments reflected the appropriate meal texture provided. In addition, the incident was reviewed by an external organisation and no further action was required.

Consumer E

* Records confirming the consumer’s dietary assessment show the consumer does not have swallowing difficulties and prefers a soft diet.

Consumer F

* Evidence from an allied health practitioner indicating peas can be appropriate under certain circumstances as part of the level 6 classification. In addition, the response indicates the recommendation was made due to the consumer’s dentition as opposed to dysphagia.

Consumer G

* The service had undertaken an alternative test to manage the consumer’s medical condition in consultation with the medical officer and they were in the process of updating care plans.
* Records of the improvement plan were provided dated prior to the Assessment Contact.

Consumer H

* The consumer is diagnosed with a condition which predisposes them to experiencing falls. The consumer was reviewed by three different allied health practitioner and medical officer. In addition, the response states the consumer’s medication was reviewed.

Consumer I

* Evidence showing the incident was an isolated event and they were referred to the medical officer following the incident. No adverse outcome was noted.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to different view from the Assessment Team and find the service was able to demonstrate effective management of high-impact and high-prevalence risks associated with the care of each consumer, specifically in relation to the management of risks associated with falls, changed behaviours, pain, choking and malnutrition.

In relation to Consumer A, I find the service had managed the consumer’s high-impact risk of malnutrition. In coming to my finding, I have noted and placed weight on the evidence recorded in the progress notes showing staff at the service were aware the consumer was losing weight, had informed the medical officer who had noted the weight loss was attributed to the illness and the recommendations made by the medical officer had been followed. In addition, I have noted the consumer is improving and is experiencing weight gain. To further support my view, I have noted the evidence in the progress notes showing management are aware a range of representatives are attending and supporting the consumer with adequate oral and nutrition and hydration with a plan when representatives are not present. Finally, I have noted the consumer was referred to an allied health practitioner and whilst the consumer subsequently was admitted to hospital, on return the consumer was promptly reviewed.

In relation to Consumer B, I find the service had effectively managed the consumer’s high-impact risks associated with malnutrition and incontinence. In coming to my finding, I have noted whilst the representative of Consumer B was not satisfied with the care and services being provided, the evidence showed regular meetings are undertaken with the representative. To support my finding, I have noted the consumer had gained weight since entering the service indicating effective management of the risks associated with malnutrition. In addition, I have noted the consumer’s medical history which showed minimal clinical incidents to support my view the consumer’s continence was being effectively managed. In addition, I find the service has effectively managed the consumer’s risk associated with psychotropic medications. I have noted the medical officer had reviewed the consumer’s long-standing psychotropic medications and the service had sought consent from the representative.

In relation to Consumers C, I find the service had effectively managed the consumer’s high-impact risk of pain. In coming to my finding, I have noted and placed weight on the evidence which showed the consumer was initially transferred to hospital and was cleared of any injury. Whilst, I note the consumer subsequently developed pain approximately two weeks later, the evidence showed the consumer was reviewed by their medical officer prior, which indicated no pain, and the evidence provided indicated the consumer’s pain was being monitored and managed following identification. I have also noted the evidence which showed the consumer was reviewed by the medical officer following the identification of pain, was commenced on regular analgesia and follow up imaging was undertaken to further investigate the source of pain which identified an injury.

In relation to Consumer D, I find the service had effectively managed the consumer’s high-impact risk of choking. I have noted the consumer was appropriately assessed and meals provided were consistent with the consumer’s assessed needs despite experiencing an adverse outcome.

In relation to Consumer E, I find the service had effectively managed the consumer’s risk of choking. In coming to my finding, I have relied on the evidence documented in the dietary assessment which showed the consumer did not have any swallowing deficits and prefers meals of a soft texture.

In relation to Consumer F, I find the service had effectively managed the consumer’s risk of choking. In coming to my finding, I have noted the correspondence provided from the allied health practitioner and management which indicated an individual assessment was undertaken and the recommendations for the peas were made based on the needs, goals and preferences of the consumer. Finally, I have noted the evidence in the response indicating the consumer did not have a diagnosed swallowing deficit and the diet was recommended due to other non-swallowing related issues.

In relation to Consumer G, I find the service had effectively managed the consumer’s risk associated with their medical condition. I have relied on the evidence which showed the consumer has had no adverse outcomes as a result of the missed clinical procedures/tests. In addition, I have noted the service was aware and had a planned approach in line with best practice to cease the medical procedures/tests in consultation with the medical officer.

In relation to Consumer H, I find the service had effectively managed the consumer’s risk of falls. In coming to my finding, I have noted the consumer has a medical diagnosis which predisposes the consumer to frequent falls. In addition, I have noted the service had sought the involvement of a range of personnel including allied health practitioners and medical staff to address the consumer’s risk of falls.

In relation to Consumer I, I find the service effectively managed the consumer’s choking risk. I have noted the evidence indicating the incident was an isolated event and the consumer was referred to the medical officer following the incident for further review. In addition, I have noted preliminary swallowing strategies were implemented and documented following the incident in the progress notes.

Based on the information summarised above, I find the service Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

The Assessment Team assessed Requirement (3)(c) as part of the Assessment Contact and have recommended Requirement (3)(c) not met. The Assessment Team were not satisfied the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles specifically in relation to managing risks associated with choking and texture modified diets. The following evidence was considered relevant to my finding:

* Three representatives indicated they were not confident staff were effectively managing consumers’ weight loss, pain and continence.
* Staff knowledge was inconsistent in relation to level 6 soft and bite sized diets. This included one staff member leaving a cracker and cheese which was inconsistent with the care plan of Level 6 soft.
* The morning tea trolley did not contain information in relation to dietary requirements.
* Staff were observed to be assisting consumers who required their meal to be cut up, however the pieces were cut greater than the required size of 1.5cm.
* Staff were provided training on dysphagia approximately one year prior and three months prior to the Assessment Contact. Despite the training, Consumer D, experienced a choking episode and sustained an adverse outcome.
* An updated plan for continuous improvement was not provided in relation to the effectiveness of staff training on dysphagia management and how the service monitors competency.

The provider’s response refutes the Assessment Team’s recommendation of not met. The following evidence was provided relevant to my finding;

* Acknowledged the snack list the kitchen staff member was using was not current. Relevant staff were counselled, and evidence of training records provided. An additional placemat was implemented to remind staff of consumers who are on a modified diet and to refer to the dietary list.
* Provided evidence indicating Consumer D’s risk of choking was effectively managed.
* Acknowledge a plan or continuous improvement was not provided during the Assessment Contact. The response states a range of improvements are on the Plan for continuous improvement which included improvements in relation to pressure injuries, nutrition and hydration and staff induction and orientation.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to different view from the Assessment Team and find the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

In coming to my finding, I have noted the service acknowledged the snack list used by one of the kitchen staff was incorrect and records were provided confirming kitchen staff had been provided further training. In addition, I have noted the evidence which showed for the consumers sampled staff were observed to be cutting up their meals. Whilst I acknowledge the observations made by the Assessment Team in relation to staff insufficiently cutting up meals to a size of 1.5cm or less, sufficient evidence to demonstrate the portion of meals greater than 1.5cm and to what extent has not been demonstrated by the Assessment Team. I have considered this information as an opportunity for improvement within the service.

In relation to Consumer D, I have considered the evidence in Standard 3 Personal care and clinical care Requirement (3)(b) and in particular staff effectively managing the consumer’s choking risk in line with their assessed needs consistent with allied health recommendations.

To further support my finding, I have relied on the evidence outlined in Standard 2 Ongoing assessment and planning with consumers Requirement (3)(a), specifically relating to staff effectively undertaking assessment and planning with consumers for a range of clinical risks including risks associated with; poor mobility and incontinence, swallowing difficulties, diabetes and risks associated with falls. In addition, I have considered the evidence outlined in Standard 3 Personal care and clinical care Requirement (3)(b), specifically relating to staff effectively managing a range of high-impact and high-prevalence risks including malnutrition, pain and falls to demonstrate staff competency.

Based on the information summarised above, I find the service Compliant with Requirement (3)(c) in Standard 7 Human resources.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)