Performance

Report

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| Name: | IRT Woonona |
| Commission ID: | 2663 |
| Address: | 6-8 Popes Road, WOONONA, New South Wales, 2516 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 27 February 2024 |
| Performance report date: | 8 April 2024 |
| Service included in this assessment: | Provider: 835 Illawarra Retirement Trust  Service: 1021 IRT Woonona |

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 IRT Woonona (**the service**) has been prepared by Therese Solomon, 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.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – 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 team’s report received 15 March 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Applicable as not all requirements assessed |
| **Standard 3** Personal care and clinical care | **Not Applicable as not all requirements assessed** |
| **Standard 5** Organisation’s service environment | **Not Applicable as not all requirements 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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The service was able to demonstrate that overall, most consumers are treated with dignity and respect, with their identity culture and diversity valued. Most care plans reflect the diversity of consumers, including information about their cultural and religious beliefs and preferences. It was noted however that goals documented for consumers relating to diversity, spirituality and cultural care appeared to be generic in nature and not consistently person-centred.

Staff were observed interacting with consumers respectfully and were familiar with consumers’ backgrounds. The service has policies that outline what it means to treat consumers with dignity and respect. However, the Assessment Team identified areas for improvement related to staff language when discussing consumers and received feedback from one consumer that demonstrates consumers are not consistently treated with dignity and respect.

The Approved Provider responded with additional documentation and a comprehensive plan for continuous improvement containing actions to address the identified non-compliance, including but not limited to providing dignity and respect education to staff, providing effective communication and documentation training to staff, follow up case conferences with identified consumer to address concerns raised by consumer.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(a) is found Compliant.

Requirement 1(3)(f) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives stated the service protects the privacy and confidentiality of their information. Staff demonstrated a sound understanding of how to respect consumer privacy and ensure personal information is kept confidential. Overall staff interactions with consumers observed by the Assessment Team demonstrated respect for consumer privacy and confidentiality.

The Assessment Team observed staff knocking on doors before entering consumer rooms and staff were observed to be mindful about having discreet discussions with their colleagues regarding consumers. The Assessment Team observed consumer information is stored securely in the nurse’s stations and other areas of the service. Electronic information has restricted access and is password protected.

The education and development team indicated regular training occurs for staff regarding consumer privacy in communicating personal information and the storage of personal information, seeking consent before entering a consumer room and ensuring the consumer has privacy before personal care is attended to. These practices are discussed in numerous training modules both online and face to face with staff.

# Standard 3

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| Personal care and clinical care | |  |
| 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. | Compliant |

Findings

Consumers and/or representatives provided mixed feedback about the personal and clinical care they are receiving.

* One consumer stated he was happy with the care provided, staff know what time he likes to get up and the that nurses change his catheter bag at night.
* One consumer stated her, and her husband are well looked after by the service and that she has no complaints.
* Documentation indicated that a consumer representative was unhappy relating to lack of communication during a chemical restraint trial, the representative was also unhappy in relation to hygiene care, medication management and cleanliness of the consumer’s room.

The service has processes and systems in place for falls management, including a falls management plan to guide staff on how to manage consumers post fall. The post falls management procedure outlines that all consumers who experience a fall should be reviewed by the registered nurse who completes a clinical review and incident form and escalates care to the hospital if required. The consumer is referred to the doctor and allied health for review, and the consumer representative is notified if the consumer consents. The service uses a post falls management checklist that guides staff on what assessments need to be completed in the first 72 hours post fall.

The Assessment Team reviewed consumers who had experienced significant weight loss. Care documentation shows all consumers had their nutrition assessments reviewed and updated by the registered nurse.

The Assessment Team reviewed care documentation for consumers with pressure injuries, which reflect pressure injuries are being managed in line with the wound care management plans that are in place. The Assessment Team observed the care of consumers involves the use of appropriate pressure relieving equipment, and wound photographs indicate the pressure injuries are improving and nearly resolved.

Regarding the management of wounds not related to pressure injuries, a review of consumer documentation shows wounds are generally managed as per consumer care plans and service policy and procedures. Wound charting is accurate and contains photographs that are clear. Registered nurses stated clinical staff complete skin assessments for all consumers on entry to the service, when there is a change in condition, and following skin changes reported by care staff. Wound photographs and measurements are attended at commencement of the wound and weekly thereafter, unless if there is a change in the condition of the wound.

The service demonstrates pain management is taken into consideration for each consumer and is consistent with best practice recommendations. It was observed staff assess, manage, and escalate incidences or issues relating to pain management as per the service's policy and procedure. Clinical and care staff described how they assess and manage pain for consumers, emphasising the use of non-pharmacological interventions such as heat packs, massage, and repositioning prior to the use of pain medications. Consent for opioid pain relief is documented accordingly and reflects the risks of pain medication usage have been explained to consumers and/or representatives. Pain assessment and evaluation is reflected in pain charting.

The Assessment Team identified areas for improvement related to restrictive practices. The psychotropic register was not current, behaviour support plans lacked information, and one consumer’s chemical restraint was not identified.

Most staff were knowledgeable about consumers’ behaviours and were observed to interact effectively with consumers to ensure behaviours were managed well. Management stated quarterly reviews occur for consumers receiving psychotropic medication as a chemical restraint, and this includes involving and informing substitute decision makers. Consumers and/or substitute decision makers will sign a chemical restraint authorisation once per year or earlier if there is a change in medication.

The Assessment Team identified areas for improvement related to documentation, specifically allied health review post fall documentation, dietician review care notes, consistently identifying risks relating to skin integrity and wound management through ongoing assessment and monitoring, and inconsistencies related to wound measurements.

The Approved Provider responded with additional documentation and a comprehensive plan for continuous improvement containing actions to address the identified non-compliance, including but not limited to providing restrictive practices education to staff, providing effective communication and documentation training to staff, follow up case conferences with identified consumer to address concerns raised by consumer, review and update behaviour support plans, review and update psychotropic register.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(a) is found Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

Requirement 5(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated that the environment is safe, clean well maintained and comfortable. The service environment enables consumers to move freely, both indoors and outdoors.

The service is divided into two distinct buildings, named Flametree and Ribbonwood.

Flametree consists of three levels, with the ground floor dedicated to two memory support units with easy access to a well-maintained garden area. The internal environment is decorated to create a familiar home like environment with informal cues as directions and prompts for what can be done in each of the areas. The environment was observed to be welcoming, well maintained, clean and clutter free. Consumer rooms in Flametree are large, with personal items observed in consumer rooms and each room has an ensuite.

Consumers were observed to move freely between areas to access activities, dining areas and to visit friends or family living at the service. Consumers were also observed going on bus outings, in the morning as well as in the afternoon. Consumers and/or representatives from the Flametree area provided positive feedback regarding cleaning and their general living environment.

Ribbonwood is an older building that consists of four levels, with three of those levels dedicated to consumer residence and the ground floor dedicated to administration offices. Consumer rooms were originally designed for two consumers but are all currently used as single rooms. Consumer rooms contained personalised items making the room familiar and home like for each consumer. All bathrooms are shared and were observed to be clean and tidy.

The maintenance manager was able to demonstrate preventative, routine, and reactive maintenance is being attended to within required timeframes. A schedule of regular window cleaning was provided to the Assessment Team, and staff were able to describe how to log any maintenance issues with the maintenance team.

Overall, the service is clean and well-maintained, and the organisation is aware of actions required to ensure the service can continue to support consumers and their changing needs.

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