Performance

Report

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| Name: | Kalyra Woodcroft Aged Care |
| Commission ID: | 6126 |
| Address: | 54 Woodcroft Drive, MORPHETT VALE, South Australia, 5162 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 6 June 2024 to 7 June 2024 |
| Performance report date: | 17 July 2024 |
| Service included in this assessment: | Provider: 95 James Brown Memorial Trust  Service: 4143 Kalyra Woodcroft Aged Care |

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 Kalyra Woodcroft Aged Care (**the service**) has been prepared by R Beaman, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, which 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 28 June 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not fully assessed |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 7** Human resources | **Not fully assessed** |

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

# 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.

Standard 3 requirement (3)(b)

* Effectively manage high impact or high prevalence risks associated with the care of each consumer, specifically risks relating to management of medications, post falls observations and choking.

# Other relevant matters:

The assessment team initially entered the service to undertake a food, nutrition, and dining monitoring visit. However, in response to deficits identified, the visit was changed to an assessment of performance, focusing on requirements (3)(e) in Standard 2 Ongoing assessment and planning with consumers, requirement (3)(b) in Standard 3 Personal care and clinical care and requirement (3)(c) in Standard 7 Human resources.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

The assessment team recommended this requirement not met as they were not satisfied the service undertook assessment and review of consumer care and services when changes to their condition impacted on their needs, goals, and preferences. The assessment team’s report provided the following evidence relevant to my findings:

* Reassessments of care for one named consumer had not been undertaken to reflect current needs, goals and preferences following completion of care charting, when entering end of life care or returning to baseline, nor were allied health engaged following the consumer’s decrease in appetite.
* Diabetic management plans contained differing or conflicting information to that of medication administration charts for the management of diabetes and insulin administration for the same consumer.
* Consumer care plans sampled described a different prescribed diet to that of the kitchen preparation documentation for the same consumer.

The provider acknowledges the deficits identified in the assessment team’s report and included actions taken and planned to address those with their response. The provider asserts that care was in line with the named consumer’s current needs and goals, and also included additional information to show improvements implemented in their administrative systems to better demonstrate assessments have been considered where there is no change to care documentation records post review.

I acknowledge the information in the assessments team’s report; however, I have come to a different view to that of the assessment team and find the service reviewed care and services when circumstances changed for consumers impacting on their needs, goals and preferences.

In coming to my finding, I have considered additional information in the provider’s response, including care records for the named consumer who returned to baseline from end of life care which shows that care and services were reviewed in consultation with a medical officer and next of kin at the beginning of deterioration for the named consumer, and increased observations and comfort care was commenced. Care documentation included in the provider’s response shows care and services, including pain management and medication were reviewed upon the named consumer’s return to baseline health, with consideration to the current needs and goals of care. Representative feedback confirms they were satisfied with the care and assessments undertaken when the health and well-being changed for the named consumer.

I have also considered information in the assessment team’s report in relation to reassessments not being undertaken or reviewed for effectiveness, however, I have not been presented evidence that shows there was a concern for consumers.

In relation to disparate documentation for diabetes management, including insulin administration and dietary records for consumers with prescribed diets, including fluids, additional information included in the provider’s response shows they have conducted a review of the medication administration system and electronic care management system and confirmed they both align with each other and contain clear instructions for staff in managing consumers’ diabetes.

For the reasons provided above, I find requirement (3)(e) Standard 2 Ongoing assessment and planning with consumers compliant.

# 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. | Not Compliant |

Findings

The assessment team recommended this requirement not met as they were not satisfied processes to manage high impact or high prevalence risks were effective. The assessment team’s report included the following evidence gathered through interviews, observations, and documentation relevant to my findings:

* Consumers were provided with fluids not thickened to the appropriate consistency or staff did not aid consumers in line with speech pathologist directives. Two consumers were receiving fluids that were not the thickness recommended by a speech pathologist and both in vessels not recommended to support consumption safely. Staff were unable to describe the correct process for thickening fluids and could not identify fluid thickness. Documentation outlining consumers’ dietary needs were not referenced.
* Documentation showed for time sensitive medications, administration was not consistently on time or at consistent intervals when prescriber instructions provided administration windows. One named consumer received 38% of medications more than 30 minutes late in an 18 day period between May and June 2024.
* Post falls observations were not documented and recorded in line with the provider’s policies and procedures for two named consumers.

The provider accepts the assessment team’s findings and included actions they have implemented to remedy the deficits identified. Actions included ongoing training, electronic care records reviews for all consumers on modified diets and changes to handover practices, as well as new and consistent labelling for thickened fluids. I acknowledge the provider’s response, however, I find high impact and high prevalence risks in relation to consumer care are not managed effectively. As this requirement relates to each consumer it is expected that care is appropriately managed for each consumer.

In coming to my finding, I have considered in relation to the two consumers observed not receiving hydration in line with speech pathologist directives and place weight on the information in the assessment team’s report that shows those consumers’ risks were not being managed effectively or appropriately by staff. I have also considered for the two named consumers who sustained falls that staff did not follow the service’s policies and procedures for post fall management.

I acknowledge the actions taken by the provider, including improvements to electronic care documentation, increased oversight of clinical observations, as well as the management of risk associated with prescribed diets, including fluids is still being undertaken, with staff learning and new risk meetings and handover practices. However, find these will need time to be fully embedded and achieve efficacy.

For the reasons provided above, the provider has not demonstrated effective management of high impact or high prevalence risks and Standard 3 Personal care and clinical care requirement (3)(b) non-compliant.

# 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 found the workforce does not have the knowledge to effectively perform their roles and does not undertake care and services inline with the provider’s policies and procedures and recommended this requirement not met. Information in the assessment team’s report listed the following evidence gathered through interviews, observations, and documentation review relevant to my findings:

* Staff did not accurately describe processes or their roles in line with the service’s policies and procedures.
* Documentation showed staff practice does not consistently follow policy and procedure for post fall observations. Referrals to dietitians were not consistently performed in line with the service’s policies and procedures following incidents of weight loss. Training for clinical and care staff was outstanding. Documentation and observations showed staff provided fluids not in line with consumers’ prescribed needs.

The provider accepted the assessment team’s findings regarding evaluation, critical thinking, and documented evidence of such when circumstances change. The shortfalls found in the completion and consistency of documentation/record keeping for evaluation of charts or new/changed information. Further the provider does not dispute the findings by the assessment team regarding staff competency associated with production and services of thickened fluids.

I acknowledge the information in the assessment team’s report, however, I have come to a different view and find the workforce is competent and have the qualifications and knowledge to effectively perform their roles.

In coming to my finding, I have considered that consumers and representatives confirmed the workforce were competent, provide care in line with consumers’ needs and they are happy with the care they receive. I have also considered information in the assessment team’s report and the provider’s response in relation to reassessments for needs, goals and preferences above to be aligned with requirement (3)(e) in Standard 2. I have considered information in relation to missing or incomplete post fall observations, as well as staff providing fluids not in line with consumers’ prescribed recommendations in requirement (3)(b) in Standard 3 as I find it more aligned with the intent of that requirement. Information included in the provider’s response for one named consumer and another referenced consumer shows allied health recommended and recorded interim management strategies which were considered and/or undertaken following incidents of consumers’ unplanned weight loss. The provider’s response further included actions for staff education in relation to dysphagia and diet which will be completed by July 2024.

For the reasons provided above, I find requirement (3)(c) in Standard 7 Human resources compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)