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: | 17 October 2024 |
| Performance report date: | 12 November 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 A. Kasyan, 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 (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 on 4 November 2024, which included commentary and supporting documentation, such as assessments, monitoring charts, care plans, and progress notes. The response also included a range of improvement actions against the assessed requirement.
  + a performance report dated 17 July 2024 following an assessment contact conducted on 6 June 2024 to 7 June 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not fully 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 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

Requirement 3(b) was found non-compliant following an assessment conducted from 6 June 2024 to 7 June 2024. The non-compliance related to issues in managing consumers on thickened fluids, delays in administering time-sensitive medications, and post-fall management practices. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* + Weekly clinical risk multidisciplinary meetings were introduced across all areas, with guidelines for documenting and sharing lessons at morning huddles and clinical reviews.
  + Clinical care consultant role was introduced to undertake review of high-risk consumers and complete regular audits.
  + Allied health procedures were revised to improve information handovers to clinical staff, and a clinical care coordinator role was created to support staff in understanding and managing clinical risks.
  + An Information Technology team worked to refine a clinical risk register which records risk factors ratings and a visual representation of risk trajectories.
  + Policies were updated to reflect the importance of time-sensitive medications, and additional training was provided on root cause analysis, the International Dysphagia Diet Standardisation framework, and competency in this area.

At the assessment contact undertaken on 17 October 2024, the Assessment Team found high impact, high prevalence risks related to pain management and post falls management, were not effectively managed for each consumer.

Pain monitoring charts were inconsistently completed for a consumer experiencing pain, impacting their mobility and independence. Some records lacked detailed pain assessment, including nature, emotional response, and contributing factors. Pain management strategies were not effective and alternate strategies had not been implemented or trialled including regular analgesia, or other interventions. Monitoring records indicating when the consumer had been repositioned by staff were not consistently completed and the consumer sustained a stage one pressure injury of the buttocks.

Additionally, neurological observations post-fall were not consistently conducted per policy for three sampled consumers, in line with established protocols, and the service’s risk management processes had not identified and rectified these omissions.

In relation to pain management of the named consumer, the provider’s response provides a comprehensive background on their clinical history, interventions and personal preferences to demonstrate the consumer’s pain and mobility issues have been addressed through ongoing medical and allied health care, including engagement of a podiatrist, physiotherapist, and occupational therapist.

The provider asserts the consumer’s pain and related mobility limitations existed before the consumer’s admission to the service. The response acknowledges the consumer’s reports of ongoing pain, however, highlights these issues were known and had been partially addressed through the use of mobility aids and customised orthotics. While the provider acknowledges that pain documentation could have been more comprehensive, they assert this did not affect the consumer’s care and a range of improvement actions have been implemented to address this.

The response details extensive medical care and support, including routine general practitioner visits, specialist referrals and therapy sessions and provides supporting evidence, including but not limited to the following:

* + pain monitoring charts between January to October 2024.
  + records relating to the ongoing review of the consumer by allied health professionals
  + records of pharmacological and non-pharmacological strategies trialled and implemented by the service
  + clinical meeting minutes
  + progress notes, including discussions with the consumer regarding pain management levels and interventions to manage the pain.

In relation to neurological observations, the provider has included information which shows, while on an occasion this was not identified and reported in a clinical meeting, subsequent clinical meeting minutes show identification of post fall neurological observations was raised and addressed and actions to ensure improvement in this area have been identified and implemented.

Based on the Assessment Team’s report and the provider’s response which includes information and actions taken since the assessment contact to address the deficits identified including improved documentation of pain, I find the service demonstrates effective management of high-impact, high-prevalence risks related to consumer care.

Despite some incomplete fields on pain monitoring charts, evidence shows pain assessments were regularly conducted over a 10-month period using validated tools and direct consumer feedback. The consumer’s pain levels were consistently documented as low, with prescribed interventions proving effective when pain was reported.

Non-pharmacological strategies, such as weekly therapy sessions, were implemented and reviewed by allied health professionals who recommended equipment modifications and other interventions. Documentation indicated the consumer was informed of the potential risks and choices, supporting their autonomy and engagement in various activities without substantial restriction due to pain.

Although the Assessment Team noted inconsistency in staff practice when performing post-fall neurological observations as per policy, the provider’s response detailed corrective actions, such as increased oversight and staff education. I accept some observations were delayed, however, there was no evidence of harm to consumers as a result, and the provider’s clinical meeting minutes demonstrated the issue was recognised, discussed, and steps taken to prevent recurrence.

I have also considered the information in the Assessment Team’s report which highlights the service has demonstrated effective management of high impact, high prevalence risks related to the care of the majority of sampled consumers. Additionally, improvement actions in response to the findings following the assessment contact conducted from 6 June 2024 to 7 June 2024 have been effective.

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)