Karana

Performance Report

38 Hume Street
YARRAWONGA VIC 3730
Phone number: 03 5743 8191

**Commission ID:** 3482

**Provider name:** Yarrawonga Health

**Assessment Contact - Site date:** 19 July 2022 to 20 July 2022

**Date of Performance Report:** 24 August 2022

# Performance report prepared by

Vanessa Stephens, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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)(c) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(d) | Compliant |

# Detailed assessment

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 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 - Site report received on 10 August 2022.

# 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 purpose of this site assessment was to assess the service’s performance against requirements which were previously found non-compliant.

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The Assessment Team found that most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers also described the participation of others involved in assessment and care planning.

Staff described how consumers, representatives, health professionals and other organisations contribute to consumer care and how they work together to deliver a tailored care and services plan. Care planning documents reflect input from consumers, representatives and allied health professionals.

### Requirement 2(3)(e) Non-compliant

*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.*

Consumers described how they are involved in reviewing the effectiveness of their care, including when changes or incidents impact their well-being. Progress notes and handover sheets demonstrate regular reviews and updates of current care needs and consumer preferences. Review also occurs following incidents or clinical deterioration. However, care planning documentation did not always reflect current care practices. Staff said they rely mostly on progress notes and handover sheets for updates in care delivery. Staff interviewed lacked knowledge on how to access consumer care plans in the service’s electronic care management system. Management said the service conducts comprehensive assessments for consumers receiving permanent care and acknowledged feedback provided in relation to consumers receiving respite care.

In response to the Assessment Team report, the approved provider stated while they do not agree with all of the findings, they acknowledge gaps identified in the report. The approved provider acknowledges the absence of a behaviour support plan for one sampled consumer noting interventions were being trialled, were subsequently ceased after this trial, and on this basis a behaviour support plan was not required. The approved provider also submitted a number of documents addressing deficits in care planning for another consumer sampled by the Assessment Team. I have reviewed this information and I am satisfied care and services were reviewed for this consumer. I also note deficits in recording relevant information to care planning documentation. The approved provider states there are inconsistencies in the service’s behaviour assessment and management plans and they have commenced strategies to ensure appropriate assessment and care occur, including staff training on anti‑psychotic medication, behaviour management and the use of electronic care planning at the point of care.

While I acknowledge the approved provider’s response displaces some of the findings of the Assessment Team, and that some issues identified by the Assessment Team have now been rectified, having reviewed all of the information before me, I find that at the time of the site assessment, the service had minor deficits in its processes for reviewing care and services. Therefore I find the service is non-compliant with this requirement.

# 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 purpose of this site assessment was to assess the service’s performance against requirements which were previously found non-compliant.

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

The service mostly demonstrated personal and clinical care is safe and effective. Review of sampled consumer care planning documentation largely reflected the use of best practice principles and individualised care that addresses the needs and preferences of consumers.

The service demonstrated care planning strategies to prevent skin abnormalities including personal hygiene, continence management and skin care treatment. The Assessment Team identified inconsistencies in wound charting documentation, which were not considered to directly affect the progress of sampled wounds. The service demonstrated an effective system is in place to monitor consumer bowel actions and manage constipation. The service also demonstrated early identification and effective pain management.

Consumers described how care provided by clinical and care staff, is of a high standard and in line with their individual preferences. Staff described ways they provide tailored personal and clinical care to consumers to optimise their health and well-being. The Assessment Team observed staff providing care in a respectful and caring manner.

### Requirement 3(3)(b) Non-compliant

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

The service did not demonstrate effective management of all high impact or high prevalence risks including behaviour management and falls management.

In response to the Assessment Team report, the approved provider acknowledges deficits in behaviour management and that a Falls Risk Assessment Tool was not completed for one consumer after a fall, noting that was an oversight and not indicative of the service’s practice. The approved provider states while there are inconsistencies in their documented assessment of consumers post-fall, they have commenced a number of actions to rectify these deficits, including staff training on the use of electronic care planning at the point of care and team meetings to reiterate awareness for the need to complete relevant assessments.

While I acknowledge the approved provider’s response demonstrates that some issues identified by the Assessment Team have now been rectified, having reviewed all of the information before me, I find that at the time of the site assessment, the service had minor deficits in managing high impact risks associated with behaviour management and post-fall observations. Therefore I find the service is non-compliant with this requirement.

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The service demonstrated early recognition, prompt response, ongoing monitoring and reporting of deterioration or change in consumer health. Consumers described how staff know them well and expressed confidence that staff were able to pick up changes in their condition, health and abilities. Representatives expressed satisfaction with how staff identify changes in baseline health status and how further actions are always decided in consultation with them. Staff were able to explain the most common signs and symptoms of health deterioration for sampled consumers. Sampled care planning documents and progress notes reflect the identification and response to deterioration or changes in consumer health.

# 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.

* Maintain staff awareness in relation to best practice behaviour management and falls management.
* Ensure staff complete relevant electronic care documentation.