Performance

Report

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| Name: | Seaforth Gardens Senior Citizens' Residence |
| Commission ID: | 7148 |
| Address: | 2542 Albany Highway, GOSNELLS, Western Australia, 6110 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 9 July 2024 |
| Performance report date: | 16 August 2024 |
| Service included in this assessment: | Provider: 318 The Salvation Army (Western Australia) Property Trust  Service: 4676 Seaforth Gardens Senior Citizens' Residence |

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 Seaforth Gardens Senior Citizens' Residence (**the service**) has been prepared by M Glenn, 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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* the provider’s response to the assessment team’s report received 13 August 2024 and 15 August 2024 which includes commentary relating to the deficits highlighted by the assessment team, supporting documentation, and a plan for continuous improvement.

# 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.

# Other relevant matters:

The assessment team initially entered the service to undertake a food, dining and nutrition monitoring visit. However, in response to deficits identified, the visit was changed to an assessment of performance, focussing on requirement (3)(e) in Standard 3 Personal care and clinical care.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |

Findings

The assessment team recommended requirement (3)(e) not met and provided the following information collected through observations, document review and interviews.

Dietary information was not documented and communicated leading to staff providing foods not consistent with a consumer’s (Consumer A) assessed diet. The consumer was observed having difficulty eating the food provided, and said they do not get food that is right for them. The representative said management had notified them on the morning of the assessment contact of the consumer being provided the incorrect diet and stated when visiting two weeks prior, the consumer had a choking episode, however, they did not inform staff at the time. Staff interviewed were unaware of the consumer’s modified dietary requirement.

A consumer (Consumer B) did not receive the correct diet after experiencing a choking episode in June 2024 and the diet consistency downgraded. The change in diet was not effectively communicated to catering staff, resulting in the consumer receiving an incorrect diet over a 10 day period. Additionally, a speech pathologist directive in June 2024 relating to fluid consistency, prior to the choking episode, was not followed in response to the incident. Three care staff interviewed could not describe the consumer’s correct diet. Management said a speech pathology visit is scheduled for July 2024, two weeks post the choking incident.

Oral fluids have continued to be provided to a consumer (Consumer C) after the representative asked for a dignity of risk form to be ceased in September 2023, following a speech pathology review confirming the consumer’s inability to swallow. The consumer confirmed the provision of oral fluids. Care records have not been updated nor staff informed that the dignity of risk for oral fluids has been ceased since September 2023.

While staff recorded requests in March and April 2024 for dietitian referral for a consumer (Consumer D), this communication was not actioned. Management felt a referral was not necessary as they were waiting for the dietitian’s recommendations suggested in January 2024 to take effect. The consumer continued to have ongoing, unplanned weight loss, with a total loss of 10kg between November 2023 and July 2024.

I acknowledge the evidence brought forward by the assessment team. However, I have come to a different finding to the assessment team’s recommendation of not met and find this requirement compliant. In coming to my finding, I have placed weight on the provider’s response to the assessment team’s report which includes commentary directly relating to the deficits identified, supporting documentation, and a range of actions implemented subsequent to the assessment contact.

Subsequent to the assessment contact, Consumer A has been commenced on a food and fluid chart, and a case conference held with the representative to discuss the assessment team’s feedback, as well as the consumer’s dysphagia and choking risk. An incident investigation of the assessment team’s observations relating to the consumer receiving the incorrect diet has been conducted. This investigation resulted in folders containing consumer lists outlining their prescribed diets, as well as the international dysphagia diet standardisation initiative (IDDSI) framework, being placed on the tea trolleys of each wing for easy staff access.

The provider acknowledges Consumer B’s meal choice form was not updated, however, state care staff were notified of the diet change. Additionally, the provider notes fluid consistency was not changed as the consumer was managing fluids well. Subsequent to the assessment contact, communication processes between departments have been reviewed to ensure systems and forms are updated post diet changes. A process has also been implemented to supervise meals as they leave the kitchen to ensure correct diets are provided to consumers. A case conference has been held with the representative to discuss the choking episode and concerns raised by the assessment team, with actions implemented to prevent further occurrences. The consumer’s diet consistency has also been reviewed by the speech pathologist.

The provider states apart from medication administration, Consumer C has been nil by mouth since a speech pathologist review in September 2023, and there is no record of staff offering the consumer oral fluids since cessation of the dignity of risk form. Subsequent to the assessment contact, the consumer has been reviewed by the general practitioner, with all oral medications ceased. A case conference has been held with the representative to discuss the outcome of the general practitioner review and feedback from the assessment team.

Supporting documentation included in the provider’s response shows Consumer D’s weight loss was known and being actively monitored. Documents show the consumer has been reviewed by the dietitian on three occasions since September 2023 in relation to weight loss, the last occurring in May 2024, with new recommendations/interventions implemented on each occasion. General practitioner reviews in June and July 2024 also reference weight loss and actions/investigations taken in response. A general practitioner notation four days prior to the assessment contact notes not for further investigation and cease regular weights; and a notation the day prior to the assessment contact notes life prolonging medications have been ceased in discussion with the consumer’s representatives.

The provider’s response also outlines actions taken subsequent to the assessment contact to address deficits identified, including undertaking a review of all hospitality functions, including dining room food service and tray service; review and update of the meal choice form to reflect consumers’ current needs; labelling of mid-meal snacks and high energy high protein drinks for individual consumers based on their needs to minimise future incidents; and providing staff training on IDDSI and the dining experience. The provider’s response also includes a plan for continuous improvement which outlines additional actions to address the deficits identified by the assessment team. I would encourage the provider to continue to progress with all improvement initiatives and to ensure actions implemented are monitored for effectiveness.

For the reasons detailed above, I find requirement (3)(e) in Standard 3 Personal care and clinical care compliant.

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)