Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Sunnymeade Park Aged Care Community |
| Commission ID: | 5208 |
| Address: | 362-376 King Street, CABOOLTURE, Queensland, 4510 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 June 2024 |
| Performance report date: | 4 July 2024 |
| Service included in this assessment: | Provider: 452 Jomal Pty Ltd  Service: 3565 Sunnymeade Park Aged Care Community |

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 Sunnymeade Park Aged Care Community (**the service**) has been prepared by P. Sherin, 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 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 17 June 2024 providing additional information.
* the assessment team’s report for the monitoring assessment contact conducted 22-23 January 2024.
* the assessment team’s report for the assessment contact (performance assessment) – site conducted 14-15 September 2023 and the performance report dated 13 October 2023.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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

|  |  |  |
| --- | --- | --- |
| 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 |
| Requirement 3(3)(d) | 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. | Compliant |

Findings

Requirement 3(3)(b)

Sampled consumers and representatives expressed satisfaction with the clinical care consumers receive. Consumers provided examples of how the service ensures effective post-fall care and medication management for consumers.

Review of care documentation identified the service effectively manages high impact or high prevalence risks associated with the care of each consumer.

Registered staff and care staff demonstrated sound knowledge of the service’s processes to ensure the safe management of falls and medication for consumers.

The service has a medication imprest system to ensure medications required for timely treatment of consumers’ health needs are available and stored on site. Registered staff confirmed they review consumers’ unpacked medications weekly and order as required.

The service was found non-compliant in this Requirement following an assessment contact on 14-15 September 2023 due to not demonstrating consistent and effective clinical monitoring and management of high impact and high prevalence risks, specifically post-falls management and medication management. The service has implemented a range of improvement actions to remediate these deficits, including but not limited to:

* Employing clinicians into previously unfilled positions such as the Facility Manager and a total of 5 Clinical Nurses. Two Clinical Nurses are rostered 7 days a week and senior clinical staff are on call to provide advice, as required.
* Assigning senior clinical staff portfolios to manage in relation to consumers’ care including falls, nutrition and unplanned weight loss, medication, and incident management. Staff said Clinical Nurses are accessible and responsive to discussing and escalating concerns regarding consumers’ care needs.
* Allocating each Clinical Nurse a residential area of responsibility to promote consistency in the oversight of consumer care. They complete a round of their area several times a day and speak with staff and consumers.
* Implementing an electronic care management system with templates to guide staff practice in relation to consumer incidents and clinical deterioration. The system has alerts for tasks not completed as per the service’s processes and senior clinical staff monitor these alerts daily.
* Commencing informal daily meetings between senior clinical staff and the Clinical Coordinator to discuss consumers’ health concerns and the timely referral to other services, as required. All care and registered staff attend handover at the beginning of shifts and registered staff follow up regarding any incidents and deterioration in consumers.
* Conducting daily review of progress notes and incidents by senior clinical staff to ensure staff identify and follow the service’s processes in relation to the management of high impact or high prevalence risks.
* Providing staff training on the use of the electronic care management system, updated clinical care policies and flow charts, post-falls management, medication safety, clinical deterioration, and nutrition management.

Based on the information recorded above, and the positive feedback received from consumers and representatives, I find this Requirement is compliant.

Requirement 3(3)(d)

Consumers and representatives said staff recognise and effectively manage any changes or deterioration in consumers’ health.

Review of consumers’ care documentation identified clinical deterioration and weight loss is effectively managed.

Care staff demonstrated knowledge of actions to take when they identify a change in a consumer’s health status. Registered staff described appropriate assessments and referrals made in response to changes in a consumer’s health and condition. Senior clinical staff described how they monitor consumer deterioration and follow up with staff regarding any concerns with the ongoing care of the consumer.

The service was found non-compliant in this Requirement following an assessment contact on 14-15 September 2023 due to not demonstrating clinical deterioration and unplanned weight loss is consistently recognised and responded to in a timely manner. The service has implemented a range of improvement actions to remediate these deficits, including but not limited to:

* Assigning a Clinical Nurse the responsibility to manage a risk portfolio in relation to nutrition and unplanned weight loss. Records of all consumers’ weight are maintained, and consumers are monitored for changes in weight or nutritional needs.
* Adopting a person-centric approach to managing consumers’ nutritional care needs including but not limited to, discussing food choices with consumers; not monitoring for weight loss if the consumer chooses not to be weighed or is nearing end-of-life; and ensuring referrals to other health care professionals for review of consumers’ nutritional care needs.
* Refer to Requirement 3(3)(b) for further information on additional improvement actions implemented.

Based on the information recorded above, and the positive feedback received from consumers and representatives, I find this Requirement is compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Requirement 8(3)(d)

The service demonstrated effective systems to identify and manage high-impact and high-prevalence risks associated with the care of consumers, such as unplanned weight loss, falls, medication management, and clinical deterioration.

Review of meeting minutes identified incident management meetings are conducted fortnightly to review incidents, identify risks, and ensure appropriate risk mitigation strategies. Fortnightly management meetings are held which include a discussion and review of clinical indicators and trending, and to ensure appropriate risk management. Daily clinical huddles with clinical and registered staff occur where any risks to individual consumers, deterioration, or changes to consumers’ health and condition are discussed.

The service has a risk register identifying all consumers and the risks associated with their care which is updated fortnightly. Management said this register is reviewed regularly to identify risks and risk mitigation strategies.

The assessment team’s report brought forward information regarding the use of environmental restrictive practice due to some doors used to exit the service (other than the memory support unit) requiring the use of a keypad. Whilst the code was displayed over the keypad, this practice could potentially restrict some consumers from leaving the service unassisted. Consumers had not been assessed on their ability to use the keypad independently. Following the assessment contact, the Provider submitted information and supporting documentation to evidence installation of a push button at wheelchair height for automatic exit doors to enable ease of access to outdoor areas and freedom of movement for consumers.

The service was found non-compliant in this Requirement following an assessment contact on 14-15 September 2023 due to not demonstrating risk management systems and practices are effective in the management of high impact and high prevalence risks such as unplanned weight loss, falls, and medication management. Review of documentation and interviews with management and staff identified the service has implemented a range of improvement actions to remediate these deficits, including but not limited to:

* Conducting fortnightly internal audits to identify deficiencies in weight, falls, and medication management and to implement improvements, where required.
* Reviewing workplace planning and engaging 5 permanent Clinical Nurses and a Facility Manager to ensure clinical oversight, monitoring, and risk management.
* Allocating a risk portfolio to each member of the clinical team to manage. The Clinical Nurses demonstrated a shared understanding of their roles and responsibilities in relation to management of their allocated risk portfolio.
* Updating position descriptions for clinical staff and management to include roles and responsibilities in relation to clinical risk management.
* Commencing daily huddles to improve communication between staff and identification of clinical risks.

Based on the information recorded above, I find this Requirement is compliant.

Requirement 8(3)(e)

The service was found non-compliant in this Requirement following an assessment contact on 14-15 September 2023 due to not demonstrating effective clinical governance processes in identifying and addressing gaps in clinical care. Review of documentation and interviews with management and staff identified the service has implemented a range of improvement actions to remediate these deficits, including but not limited to:

* Trialling an updated clinical governance framework that clearly outlines roles and responsibilities for staff in relation to risk management and antimicrobial stewardship. Management advised the framework has been effective and is expected to be endorsed by the service’s Board at the next Board meeting in July 2024.
* Reviewing workplace planning and engaging 5 permanent Clinical Nurses and a Facility Manager to ensure clinical oversight, monitoring, and risk management. Position descriptions for clinical staff and management were updated to include roles and responsibilities in relation to clinical risk management. Management and clinical staff demonstrated a shared understanding of their roles and responsibilities in relation to clinical governance.
* Developing and implementing an audit framework and methodology to monitor the service’s performance and compliance against the Aged Care Quality Standards and the service’s internal clinical policies and procedures. A review of the audit schedule and audit results confirmed audits are occurring.
* Implementing revised policies and procedures to guide staff in providing effective clinical care. Interviews with staff and a review of staff training records confirmed policies and procedures have been implemented for the management of falls, unplanned weight loss, malnutrition, and clinical deterioration.

Based on the information recorded above, I find this Requirement is 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)