Performance

Report

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| 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: | 14 September 2023 to 15 September 2023 |
| Performance report date: | 13 October 2023 |
| 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 - 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 team’s report received 03 October 2023 providing additional information.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not Compliant** |

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.

* Requirement 3(3)(b) – ensure consistent and effective clinical monitoring and management of high-impact and high-prevalence risks specifically in relation to post-falls management and medication management.
* Requirement 3(3)(d) – ensure clinical deterioration and unplanned weight loss is consistently recognised and responded to in a timely manner.
* Requirement 8(3)(d) – ensure 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.
* Requirement 8(3)(e) – ensure clinical governance processes are effective in identifying and addressing gaps in clinical care.

# 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 |
| 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. | Not Compliant |

Findings

Having considered the Assessment contact report and the Provider's response, I find the service non-compliant with Requirements 3(3)(b) and 3(3)(d). The non-compliance is related to the following:

* The service is not ensuring consistent and effective clinical monitoring and management of high-impact and high-prevalence risks, specifically in relation to post-falls management and medication management.
* The service is not ensuring clinical deterioration and unplanned weight loss is consistently being recognised and responded to in a timely manner.

I have made this decision based on the following analysis.

Requirement 3(3)(b)

Whilst consumers and representatives expressed satisfaction with how risks to consumers’ health and wellbeing were managed, the Assessment contact report identified deficiencies in consistent and effective clinical monitoring and management of high-impact and high-prevalence risks in relation to falls and medication management.

* For one consumer who had a fall resulting in a fractured neck, the service did not identify the injury and ensure referral to appropriate health professionals occurred in a timely manner. There was no evidence to show a head-to-toe post fall assessment was conducted. Despite the consumer complaining of pain at the back of her head and neck, and staff escalating this to registered nursing staff, actions were not taken to immediately organise an x-ray and transfer the consumer to hospital until 13 days after the fall.
* Review of incident and care documentation identified multiple medication incidents, including examples of consumers not being monitored for changes in health when medication was missed, when medication was administered at double the prescribed dosage, and when instances of withheld medications occurred.
* The service’s Clinical management advised clinical monitoring and oversight had been impacted as senior clinical staff had been diverted to additional duties, due to recent vacancy of the Facility manager role and implementation of a new electronic care management system.

The Provider did not refute findings under the Assessment contact report and provided information regarding actions implemented and planned at the service to address the deficits identified. These include:

* Post-falls management: completion of a root cause analysis and serious incident report for the consumer with the fractured neck; set up of an automated alert and referral system to ensure appropriate post-falls management processes; development of new flowcharts; and training for registered staff.
* Medication management: review and analysis of medication incidents; weekly review of non-packed medications to ensure adequate supply; automated alerts to clinical team via the electronic care management system for medication incidents; and additional training for registered staff.

Having considered the Assessment contact report and the Provider's response, I find deficiencies in clinical monitoring and oversight of high impact and high prevalence risks remain. I have based this decision on improvement actions not having been fully completed, requiring time to be embedded within the service’s processes, and testing to ensure their effectiveness and sustainability.

I, therefore, find this Requirement non-compliant.

Requirement 3(3)(d)

Consumers and representatives confirmed when a consumer has a change in their health and condition, registered staff review them in a timely manner and refer to other services as required. However, the Assessment contact report brought forward information demonstrating clinical deterioration and unplanned weight loss is not consistently recognised and responded to in a timely manner.

* For one consumer who experienced 2 episodes of deterioration related to a urinary tract infection, monitoring for clinical deterioration with vital signs was not completed; the consumer was not encouraged by staff to drink more fluids to prevent dehydration; and a referral to the medical officer was not timely on one occasion.
* Four consumers with significant weight loss, including a consumer who had lost over 10 kilograms since 15 February 2023, had not been reviewed by a registered nurse to identify the cause and to develop strategies to prevent further weight loss.
* Some care staff and enrolled nurses said whilst they escalate any changes in consumers’ health status to registered staff, not all registered staff review consumers when concerns are raised.

The Provider did not refute findings under the Assessment contact report. I note nil information was provided to evidence actions taken to address management of significant weight loss for consumers named in the Assessment contact report. Additional information regarding actions implemented and planned at the service to address the deficits identified include:

* Management of weight loss: review and update of the service’s weight loss management policy and procedure following dietician consultation; update to weight management flow charts; and set up of automated alerts to the Clinical nurse via the electronic care management system on any weight discrepancies.
* Management of clinical deterioration: development of flowcharts, provision of resources, and delivery of training to registered staff on clinical deterioration; reminders to staff on processes for identifying and reporting deterioration; and daily huddles to discuss any concerns regarding the health and condition of consumers.

Having considered the Assessment contact report and the Provider's response, I find deficiencies in recognising and responding to clinical deterioration and unplanned weight loss remain. I have based this decision on improvement actions not having been fully completed, requiring time to be embedded within the service’s processes, and testing to ensure their effectiveness and sustainability.

I, therefore, find this Requirement non-compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Consumers and representatives were satisfied staff are trained to provide safe and effective care to consumers.

Staff considered they are appropriately trained, supported, and equipped to perform their roles. Staff described the training, support, professional development, and supervision they receive during orientation and on an ongoing basis.

Management monitors staff compliance with mandatory training through an electronic learning management system and provides staff with additional training where a need is identified.

Training records evidenced staff have received training on a range of topics including but not limited to infection control, code of conduct, and restrictive practices. Additional education has been provided on topics such as medication management, the serious incident response scheme, and palliative care.

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

# Standard 8

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| 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. | Not 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. | Not Compliant |

Findings

Having considered the Assessment contact report and the Provider's response, I find the service non-compliant with Requirements 8(3)(d) and 8(3)(e). The non-compliance is related to the following:

* The service is not ensuring 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.
* The service is not ensuring clinical governance processes are effective in identifying and addressing gaps in clinical care.

I have made this decision based on the following analysis.

Requirement 8(3)(d)

Whilst clinical governance and incident management meetings are conducted fortnightly to identify and manage risks and incidents at the service, the Assessment contact report brought forward evidence demonstrating risk management systems and practices have not resulted in appropriate identification and response to high impact and high prevalence risks. This includes unplanned weight loss, falls, and medication management as outlined under Requirements 3(3)(a) and 3(3)(b) above.

The Provider in its response acknowledged clinical monitoring and oversight has been ineffective in identifying and responding to risks and provided information regarding actions planned and underway at the service as outlined under Requirements 3(3)(b) and 3(3)(d) above.

Having considered the Assessment contact report and the Provider's response, I find deficiencies in risk management systems and practices in relation to the management of high impact and high prevalence risks remain. The Provider has not submitted satisfactory documentary evidence to demonstrate the issues raised in the Assessment contact report have now been resolved. Improvement actions have not been fully completed, will require time to be embedded within the service’s processes, and testing to ensure their effectiveness and sustainability.

I, therefore, find this Requirement non-compliant.

Requirement 8(3)(e)

The service has a documented clinical governance framework supported by a range of policies to guide staff practice. However, the Assessment contact report brought forward information evidencing clinical monitoring and oversight mechanisms have been ineffective in identifying and remediating deficits in clinical care as outlined under Requirements 3(3)(b), 3(3)(d) and 8(3)(d) above. Management advised at the time of the Assessment contact, the service was impacted by several vacancies to Clinical nurse roles and the Facility manager role with recruitment underway to fill these positions. This would ensure better monitoring, oversight, and management of clinical care delivery.

The Provider in its response acknowledged clinical monitoring and oversight has been ineffective and provided information regarding actions planned and underway at the service as outlined under Requirements 3(3)(b) and 3(3)(d) above. Nil information was provided regarding whether recruitment for vacant Clinical nurse and Facility manager positions has been completed.

Having considered the Assessment contact report and the Provider's response, I find deficiencies in ensuring effective clinical governance at the service remain. The Provider has not submitted satisfactory documentary evidence to demonstrate the issues raised in the Assessment contact report have now been resolved. Improvement actions have not been fully completed, will require time to be embedded within the service’s processes, and testing to ensure their effectiveness and sustainability.

I, therefore, find this Requirement non-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)