Performance

Report

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| Name of service: | Talbot Place Aged Care Facility |
| Service address: | 1205 Dana Street BALLARAT VIC 3350 |
| Commission ID: | 3518 |
| Approved provider: | Grampians Health |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 August 2023 to 16 August 2023 |
| Performance report date: | 8 September 2023 |

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 Talbot Place Aged Care Facility (**the service**) has been prepared by N Eastwood, 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

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

The service was found non-compliant with requirements 2(3)(a) and 2(3)(e) following a site audit in May 2022 where it did not demonstrate:

* assessment and care planning informed the delivery of safe and effective care, particularly relating to falls, wounds, and pressure injury management.
* services were reviewed for effectiveness regularly or when circumstances changed, particularly in relation to skin integrity, wounds and falls and individualised risks to effective care.

The service has implemented improvements to address the deficits identified at the previous site audit including education for staff on the management of falls, restrictive practices, wounds, and pressure care. The service has strengthened the process for ‘Resident of the Day’, implemented an organisation-wide falls flow chart, and improved the wound monitoring process by introducing weekly reviews of all wounds by a registered nurse. The service has also introduced daily staff huddles to share information and report changes or concerns regarding consumers' care needs.

During the Assessment Contact conducted in August 2023, consumers and representatives expressed satisfaction with the participation in the assessment and planning process and confirmed discussions with staff relating to risks of falls, pain, and wounds. Staff demonstrated knowledge of the assessment process and the process to renew assessments if changes in consumer care occurred. Staff confirmed they have received training on clinical risks including falls management, wound care, and pressure care. A review of documentation by the Assessment Team demonstrated the service has a comprehensive suite of assessments and validated tools that are used to develop individualised care plans. The service uses a multi-disciplinary approach to manage consumer risks relating to wound management and swallowing needs.

Consumers and representatives expressed satisfaction with the response of the service to changed consumer needs including falls, weight loss, and choking risks. Staff demonstrated knowledge of the ‘resident of the day’ review process as well as escalation processes if there is a change in consumer needs. Management discussed the process of auditing care documentation and incident reports to ensure post-incident risks related to falls, wound care, and pain are actioned in a timely manner. Care documentation review demonstrated care and services are reviewed following a change in consumers care needs.

Based on the available evidence, I find Requirements 2(3)(a) and 2(3)(e) are now compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service was found Non-compliant in Standard 3 in relation to Requirements 3(3)(a) and 3(3)(b) following a site audit in May 2022 where it did not demonstrate:

* clinical care that was best practice, tailored to consumer needs and optimises their wellbeing in relation to skin integrity, wounds and falls management.
* the effective management of high-impact or high-prevalence risks relating to behaviour management.

The service had implemented improvements to address the deficits identified at the previous site audit including providing wound management, pressure injury prevention, behaviour management, restrictive practices, and falls management training to staff, reviewing and implementing falls management flowchart and strengthening process by clinical auditing and ‘resident of the day’ process to monitor changes in consumer needs.

During the Assessment Contact conducted in August 2023, consumers and representatives provided positive feedback on the care they receive and said staff understand them and deliver care that meets their needs and preferences. Staff demonstrated knowledge of consumer care needs and the interventions planned to provide safe and effective care in relation to changed behaviours, skin integrity and pressure area care. Consumer care files reviewed by the Assessment Team reflected individualised strategies for skin integrity, wounds and post falls management in line with organisational policy. The service has a handover sheet to guide staff on consumer risks relating to falls, choking and weight loss.

Representatives confirmed satisfaction with the management of consumers' high-impact and high-prevalence risks changed behaviours. Consumers and representatives confirmed they had discussed restrictive practices including risks with the service. Staff demonstrated an understanding of consumer needs and individualised behaviour management strategies and the requirements of restraint. Staff confirmed they have received education relating to restrictive practices and ensure restrictive practices are used as a last resort. The Assessment Team noted consumer care documentation relating to restrictive practices has documented consent and was reviewed every 3 months for chemical restraint and every 12 months for environmental restraint.

Based on the available evidence, I find Requirements 3(3)(a) and 3(3)(b) are now 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. | Compliant |

Findings

The service was found non-compliant with requirement 8(3)(d) following a site audit in May 2022 where it did not demonstrate effective risk management systems to monitor high-impact or high-prevalence risks for consumers relating to pressure injuries, skin integrity issues for peri-stomal skin care, and appropriate strategies to prevent and manage fall complications when consumers are on high-risk medication such as an anticoagulant therapy.

The service has implemented improvements to address the deficits identified at the previous site audit including maintaining a high-impact and high-prevalence tracker, reviewing the organisation’s clinical practice guidelines for stomal care, anticoagulant therapy, falls management, and weight management, and implementing a case management model to improve clinical oversight.

During the Assessment Contact conducted in August 2023, the service demonstrated an effective risk management process for managing high-impact and high-prevalence risks. Staff confirmed receiving education and training on wound and pressure injury management. Staff described the case management model and how this has strengthened the partnership process for consumers and representatives. Management discussed the embedded process of the required reporting of high-impact or high-prevalence risks to the organisation’s clinical management team. A review of audit data by the Assessment Team demonstrated that the service monitors compliance in staff practice to ensure effective management of anticoagulant therapy documentation, weight management, early identification and effective management of pressure injuries and falls management protocol.

Based on the available evidence, I find Requirement 8(3)(d) is now 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)