Performance

Report

**1800 951 822**

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| Name of service: | Uniting AgeWell Strath-Haven |
| Service address: | 131-149 Condon Street BENDIGO VIC 3550 |
| Commission ID: | 3085 |
| Approved provider: | Uniting AgeWell Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 23 August 2023 |
| Performance report date: | 21 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 Uniting AgeWell Strath-Haven (**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 |

Findings

The service was found non-compliant in this requirement following a Site Audit from 31 May 2022 to 3 June 2022 (the Site Audit). The service did not demonstrate consistent identification of risks associated with the care of each consumer specifically in relation to consumers subject to chemical restraint, dietary needs, and consumers who were prescribed blood thinning medications.

The service has implemented several effective actions in response to the identified non-compliance including addition of consideration to blood thinning medication in the falls risk assessment tool, risk related to chemical restraint in behaviour assessments, additional clinical oversight of assessment updates and risk reviews, additional daily communication of risk reviews and updates between clinical staff.

Consumers and representatives confirmed their involvement in assessment and planning, including specific risks to their health and well-being. Assessments were undertaken for consumers entering the service with a supporting documented process to capture all relevant information to ensure safe and effective care and services. Where risk was identified through assessment, care interventions and strategies were implemented to minimise those risks. A review of care planning documentation demonstrates clinical risk assessment tools were completed on admission for falls, chemical restrictive practices, dietary and swallowing issues, and anticoagulant (blood thinning) medication management. Staff described individual strategies for consumers at increased risk of falls. Alerts were included in the electronic medications system for consumers receiving blood thinning medication, and there was evidence of identified swallowing risks and associated dignity of risk documentation where consumers may wish to continue with a regular diet contrary to specialist recommendation. The complex care needs list and psychotropic register identifies chemical restraint with specific behavioural triggers and relevant evidence of informed consent with consultation of family and treating medical practitioner.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 2(3)(a).

# 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. | Compliant |

Findings

The service was found non-compliant in this requirement following a Site Audit from 31 May 2022 to 3 June 2022 (the Site Audit). The service did not demonstrate practices that minimised risk and prevented harm related to consumers prescribed high-risk medications, specifically blood thinners, and consumers who experience falls.

The service has implemented several effective actions in response to the identified non-compliance including review of falls prevention and harm minimisation policy to reference care of consumers who are prescribed blood thinning medications, discussion regarding falls prevention at resident and staff meetings, implementation of a 7-day post fall check list, implementation of a system for alerting staff to consumers who are prescribed blood thinning medication, audits to evaluate staff compliance with the service’s falls prevention and harm minimisation policy.

Clinical care staff demonstrated sound understanding of the service’s falls management strategies and described how they monitor consumers who are prescribed blood thinning medication for adverse effects. A review of care documentation demonstrated effective assessment, monitoring, and review of consumers who have experienced a fall consistent with the service’s falls prevention and harm minimisation policy. There was evidence of communication with representatives regarding allied health review and falls prevention strategies supported purposeful rounding and staff awareness of individual needs. Mobility and transfer care planning documentation included harm minimisation strategies specific to risks associated with blood thinning medication. Management explained how the organisation continued to work with the care system developers to create an effective electronic template for recording neurological observations for post falls monitoring and there has been improvement in practice as a result of increased clinical oversight and staff education.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 3(3)(b).

# 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 in this requirement following a Site Audit from 31 May 2022 to 3 June 2022 (the Site Audit). The service did not demonstrate effective risk management systems and practices in relation to managing high-impact or high-prevalence risks associated with the care of consumers specifically in relation to high-risk medications, including blood thinners, and falls.

The service has reviewed their falls prevention and harm minimisation policy, clinical management system, and alert system to manage the high-impact and high-prevalence risks associated with falls and blood thinning medications in response to the identified non-compliance.

Management demonstrated review of practices and governance framework related to identifying, assessing, and mitigating risks posed to consumers. There was evidence of staff training related to identifying and assessing risks, and the prevention and management of falls including post-fall neurological observations and blood thinning medications. Risk for consumers on blood thinners has been added to the service’s clinical risk register and the identified improvement actions such as updating care plans for consumers taking blood thinners have been completed. The organisation’s Serious Incident Review Committee has updated the falls prevention and harm minimisation policy. Staff identified increased risk of harm for those who are prescribed blood thinning medication and described how they monitor consumers for adverse outcomes. Frequent ‘spot check’ audits of post fall management practice and consumer alert systems are carried out and the Assessment Team noted audit results are evaluated and used to inform day-to-day clinical management actions and staff education.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 8(3)(d).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)