Performance

Report

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| Name of service: | Wanneroo Community Nursing Home |
| Service address: | 9 Amos Road WANNEROO WA 6065 |
| Commission ID: | 7917 |
| Approved provider: | Shire of Wanneroo Aged Persons Homes Trust Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 September 2022 |
| Performance report date: | 29 September 2022 |

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 Wanneroo Community Nursing Home (**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 - Site; the Assessment Contact report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others;
* the provider did not submit a response to the Assessment Team’s report; and
* a Performance Report dated 16 March 2022 for a Site Audit undertaken from 5 January 2022 to 7 January 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **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

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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 |

Findings

Requirement (3)(a) was found Non-compliant following Site Audit undertaken from 5 January 2022 to 7 January 2022 where it was found the service did not demonstrate each consumer was provided safe and effective clinical care which was best practice or optimised their health and well-being, specifically in relation to management of restrictive practices and pain. The Assessment Team’s report indicated the service has put processes in place and provided education to staff to address the deficiencies identified.

At the Assessment Contact, the Assessment Team found consumers receive safe and effective personal and clinical care, which is best practice, tailored to their needs and supports their health and well-being. Care files sampled demonstrated appropriate management of medications, restrictive practices, challenging behaviours, pain and specialised nursing care needs and, where required, referrals to specialist services had been initiated and care tailored to the consumer’s needs. A care file for one consumer demonstrated appropriate actions had been initiated to minimise use of chemical restraint, including a medication management review and reduction and/or removal of medications. For this particular consumer, staff described activities the consumer enjoys and strategies they implement to minimise use of psychotropic medication. Consumers and representatives expressed satisfaction with the provision of personal and clinical care.

For the reasons detailed above, I find Requirement (3)(a) in Standard 3 Personal care and clinical care Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |

Findings

Requirements (3)(b) and (3)(c) were found Non-compliant following Site Audit undertaken from 5 January 2022 to 7 January 2022 where it was found services and supports for daily living did not promote each consumer’s emotional, spiritual and psychological well-being or that consumers were supported to do things of interest to them. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Completed a lifestyle survey to identify gaps and areas for improvement to better support each consumer. Responses are currently being evaluated.
* Reviewed the therapy/lifestyle/pastoral care staffing model with the aim to recruit and upskill staff. An Occupational therapist has been employed, as well as a Training development coordinator who has reviewed and made improvements to the current training model .

At the Assessment Contact, care files sampled included information important to consumers, including their likes/dislikes, preferences for activities and strategies for emotional support. A Resident advocate is available to assist consumers when they feel low and, where required, referrals to external psychology services and Dementia Services Australia are initiated if consumers require additional emotional support. Staff provided examples of how they support consumers’ emotional and psychological well-being and consumers and representatives said consumers feel connected and engaged in meaningful activities that promote their emotional, spiritual and psychological well-being.

Consumers and representatives said consumers are supported to participate in their community within and outside the service, keep in touch with people who are important to them and do the things of interest to them. The service is committed to providing services and supports for daily living that assist consumers to participate in their community within and outside of the service. This includes a partnership with a local school which has led to consumers and children regularly writing letters to each other, weekly coffee shop outings and regular bus outings. One consumer file demonstrated how the service has supported them to do the things of interest to them daily and staff were aware of the consumer’s friendship with another consumer and encourage them to spend time together. Staff also were able to describe how they support consumers to participate in the community, maintain social and personal relationships and engage in activities of interest to them.

For the reasons detailed above, I find Requirements (3)(b) and (3)(c) in Standard 4 Services and supports for daily living Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 (3)(e) was found Non-compliant following Site Audit undertaken from 5 January 2022 to 7 January 2022 where it was found the organisation did not demonstrate an effective clinical governance system, specifically in relation to restrictive practices. The Assessment Team’s report indicated the service has put processes in place and provided education to staff to address the deficiencies identified and was able to demonstrate how it actively minimises the use of restraint for consumers.

At the Assessment Contact, the service demonstrated an effective Clinical governance processes, including a framework that reduces usage and, where required, ensures appropriate use of antimicrobials. Antimicrobial usage reports are received on a monthly basis from the pharmacy which assists the service to monitor and ensure appropriate antibiotic use, and an incident management system is used to review and trend infections. The service has an Infection prevention and control lead and access to an Infection prevention and control specialist.

The service has policies and processes to minimise use of restraint, including three monthly reviews, ongoing monitoring of adverse effects of restraint and ensuring use for the shortest possible time. A restraint register is maintained and all consumers subject to restrictive practices had consent forms and management plans in place. Mandatory training on behaviour management and restrictive practices has been introduced.

Open disclosure policy and procedure documents are in place which assists the service to ensure open disclosure processes are applied. Incident reports include prompts to inform next of kin which was noted to be marked as completed in all 10 incidents sampled. Staff provided examples of when they had used an open disclosure process and a representative indicated they are informed of all incidents involving the consumer and felt they are provided enough information about the incident and interventions implemented to prevent them.

For the reasons detailed above, I find Requirement (3)(e) in Standard 8 Organisational governance Compliant.

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)