Performance

Report

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| Name: | Wattle Hill Lodge |
| Commission ID: | 7096 |
| Address: | 2 Wattle Street, BUNBURY, Western Australia, 6230 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 8 January 2024 to 9 January 2024 |
| Performance report date: | 2 February 2024 |
| Service included in this assessment: | Provider: 60 Wattle Hill Lodge Inc  Service: 4624 Wattle Hill Lodge |

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 Wattle Hill Lodge (**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.

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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* the provider’s response to the assessment team’s report received 19 January 2024. The response includes commentary directly relating to the issues highlighted in the assessment team’s report, as well as supporting documentation; and
* a performance report dated 1 November 2023 for an assessment contact-site undertaken from 19 September 2023 to 20 September 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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.

**Standard 3 requirements (3)(a) and (3)(b)**

* Ensure staff have the skills and knowledge to:
* provide appropriate and effective clinical care to consumers in line with their assessed needs and preferences and general practitioner directives, and that is tailored to their needs and optimises their health and well-being, specifically in relation to blood glucose level monitoring, weights, fluid intake/restrictions, and post falls management; and
* identify, manage and monitor high impact or high prevalence risks relating to consumers’ care and take appropriate and timely actions where issues are identified.
* Ensure information relating to clinical care needs is documented and effectively communicated to others, including to consumers and/or representatives.
* Ensure policies, procedures and guidelines in relation to clinical care and management of high impact or high prevalence risks, including monitoring of blood glucose levels, weights, fluid intake/restrictions, and post falls management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to clinical care and management of high impact or high prevalence risks, including monitoring of blood glucose levels, weights, fluid intake/restrictions, and post falls management.
* Review monitoring processes relating to provision of clinical care to ensure staff are providing consumers care in line with their assessed needs and with the service’s policies, procedures and guidelines.

# 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as the two requirements assessed have been found non-compliant. The assessment team recommended requirements (3)(a) and (3)(b) not met.

**Requirement (3)(a)**

Requirement (3)(a) was found non-compliant following an assessment contact undertaken in September 2023 as not all consumers were receiving best practice care, specifically in relation to use of chemical restraint, weight monitoring, fluid restrictions and dietary needs. The assessment team’s report included actions implemented by the service in response to the non-compliance, including reviewing all behaviour support plans to ensure specialist recommendations are included and implemented; ensuring tasks, such as weekly weights and completion of fluid balance charts are entered into the electronic system to alert staff to complete required care; and noting consumers on fluid restrictions on the handover sheet.

However, at this assessment contact, the assessment team found not all consumers are receiving clinical care that is safe or tailored to their needs in line with their assessments and medical directions. The assessment team provided the following information relevant to my finding:

Five of six consumers did not have blood glucose level (BGL) monitoring tailored to their needs, and three consumers did not have BGLs completed in line with diabetic management plans. One consumer (Consumer A) did not have BGL monitoring undertaken three times a week in line with their diabetes management plan, with BGLs only recorded on six occasions in December 2023. Management stated this was due to the care plan not being accurate and changed the plan from BGL monitoring three times a week to monthly, stating the consumer was not on medication and did not need monitoring that often. Management initially stated the plan was not clinically justified or based on assessed needs, however, later acknowledged the changes made were not in line with the consumer’s needs and changed the plan back to three times a week. After the assessment team provided feedback to management, clinical staff reviewed a further five consumer plans and changed or created diabetes management plans without input from the general practitioner (GP). Staff stated consumers whose plans were changed had not had abnormal BGL readings, however, the assessment team noted one consumer had not had a BGL recorded since March 2023. When questioned by the assessment team, management stated in the interim, all consumers who had BGL monitoring frequency changed to less frequent or as required monitoring would have the original monitoring reinstated.

Consumer A gained a total of 10kg in a four month period. In November 2023, care staff documented the consumer’s legs were leaking serous fluid and the registered nurse was informed. There is no evidence the consumer was reviewed by the registered nurse or GP in response. Following a change in condition in January 2024, the consumer was transferred to hospital and was identified with fluid overload. On return to the service, the consumer is noted as requiring daily weights and fluid restriction. A fluid balance chart was commenced and a weight completed on the first day following return, however, there are no weights completed for the next three days and fluid balance charts are incomplete. This information was provided to management and the next day, retrospective fluids and weights were noted to be recorded. Management stated this would have been done and staff were delayed in entering fluid due to the assessment contact visit. When asked about weight gain, two staff stated they could refer to the dietitian, but GPs were usually more concerned with weight loss.

The provider acknowledges the deficits identified in the assessment team’s report. The provider’s response states, but is certainly not limited to, an investigation has been undertaken in relation to changes made to diabetic management plans. The provider acknowledges BGL monitoring for three consumers had not been delivered in line with their plans and a BGL monitoring schedule has been implemented for each consumer in line with GP directives which is being monitored. In relation to Consumer A, it is acknowledged there was no evidence to demonstrate review by the registered nurse or GP. It has been identified that nursing staff are not always recording in progress notes when liaising with GPs via email and staff have been reminded of correct processes. The provider also acknowledged retrospective weight and fluid recording and have investigated this matter.

I acknowledge the provider’s response. However, I find consumers highlighted were not provided effective clinical care, specifically monitoring of BGLs, weight, and fluid intake, which has the potential to compromise their health and well-being.

I have considered staff practices do no ensure consumers receive safe and effective clinical care or that care is tailored to consumers’ needs. Three consumers have not had BGLs consistently monitored in line with GP directives. Following feedback of the issues to management by the assessment team, clinical staff changed or created BGL directives for five consumers without GP input, based on the consumers not having abnormal BGL readings. This despite a consumer not having a BGL recorded since March 2023. There is also no evidence that these changes were made in partnership with the consumers involved to support them to understand any impacts and assist them to make informed decisions about the care they receive.

While the provider’s response asserts email correspondence was sent to the GP relating to Consumer A’s oedematous legs, the response does not state if a GP review occurred or a treatment plan was initiated. The assessment team’s report states there was no evidence of a GP review of the consumer’s changed condition, with the consumer transferred to hospital 49 days later and identified with fluid overload. Further to this, directives initiated following return from hospital to monitor weight and fluid intake were not consistently undertaken, and following feedback from the assessment team, weights and fluid intake were entered into charts retrospectively. Considering the consumer’s recent hospital admission and diagnosis, as well as their pre-existing medical conditions, such practices do not ensure Consumer A’s health and well-being is optimised.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care non-compliant.

**Requirement (3)(b)**

Requirement (3)(b) was found non-compliant following an assessment contact undertaken in September 2023 as high impact or high prevalence risks, specifically weight loss, minimising use of restraint, and preventing and managing pressure injuries were not always managed effectively. The assessment team’s report included actions implemented by the service in response to the non-compliance, including monitoring of food and fluid charting; including information related to consumers on fluid restriction on daily staff handover sheets; and clinical staff completing daily fluid balance totals as per alerts set in the electronic management system.

However, at this assessment contact, the assessment team found high risk or high prevalence risks relating to fluid retention or fluid overload, post falls management and diabetes were not effectively managed. The assessment team provided the following information relevant to my finding:

For multiple consumers on fluid restriction, staff have not accurately recorded and reviewed oral fluid intake. Fluid intake following the evening meal (5:00pm) through to breakfast time (8:00am) the following day has not been recorded, and the volume of water consumed from water jugs in consumers’ rooms is not captured. Clinical staff said they do not record water consumed from individual water jugs and agreed this had been overlooked. For example:

* Fluid intake from the water jug is not consistently recorded on the monitoring chart for one consumer (Consumer B) with diagnosed cardiac conditions and a GP ordered fluid restriction. The fluid restriction is documented in the care plan and available for staff reference on the daily handover sheet. Fluid intake charting only records beverages served at mealtimes, and no entries recorded between 5:00pm and 8:00am. On two occasions, the consumer was observed consuming water from a glass located next their bed, with the consumer stating they consume most of the fluid in the jug each day before staff refill it.
* The GP ordered a consumer’s fluid intake to be maintained between a certain range to maintain optimal health. In the two weeks prior to the assessment contact, daily fluid intake totals were not consistently completed and intake did not fall within the desired range on multiple occasions. Fluid intake was noted to have been reviewed by clinical staff

For two consumers who had sustained falls, post falls observations were not consistently undertaken. Documentation showed either an absence of vital signs or incomplete recording of vital signs and/or neurological observations following a fall or change in clinical condition which did not align with the service’s post fall guidelines. The fall management policy does not provide descriptive directions which staff should follow in the event that a consumer sustains an unwitnessed fall and when a head strike may have occurred. Three care staff were unaware of the falls management policy and clinical staff said they use their clinical judgement when a consumer sustains a fall and will undertake observations they feel are appropriate at the time of the incident.

The first review of Consumer B’s care plan stated monthly BGLs. Clinical staff changed the frequency of BGLs to as required on the evening of the first day of the assessment contact, without a GP review. From July 2023 until the time of the assessment contact, documentation shows the consumer’s BGL has only been recorded once in October 2023 when the consumer had a change in condition. Similar symptoms were noted in August and December 2023, however, BGLs were not checked on these occasions.

The provider acknowledges most of the deficits identified in the assessment team’s report. The provider’s response includes, but is certainly not limited to, fluid intake records for a five week period demonstrating documentation of fluid intake between the hours of 5.00pm to 8.00am. A process has been introduced to further monitor provision of fluids overnight. The provider acknowledges recording of fluids from bedside water jugs has been inconsistent and unclear amongst staff and changes have been made to jug management and intake recording in response. A dignity of risk has been completed for one consumer relating to their choice to exceed the fluid restriction total. Staff training in the management of fluid restrictions is scheduled for completion in February/March 2024. The provider acknowledges falls management procedures are unclear resulting in some inconsistencies in falls management practices. The falls prevention and management practice has been updated and staff training on falls is schedule for completion in March 2024.

I acknowledge the provider’s response. However, the evidence presented in the assessment team’s report for the most recent assessment contact demonstrates improvements implemented in response to the non-compliance identified in September 2023 have not been sufficiently embedded, specifically fluid intake monitoring. In coming to my finding, I have considered that this requirement expects services effectively manage high impact or high prevalence risks associated with the care of each consumer. That is, each individual consumer should expect to have high impact or high prevalence risks associated with their care effectively managed. Based on the information in the assessment team’s report, I find this did not occur for the consumers highlighted, specifically in relation to fluid restrictions, post falls management and BGL monitoring.

For consumers highlighted, fluid intake has not been consistently or correctly recorded to enable effective monitoring to occur. For one consumer, all fluids consumed have not been identified and are, therefore, not captured on monitoring charts, and for a two week period, despite charting being reviewed by clinical staff, one consumer’s intake has not been within the desired intake range on multiple occasions. Lack of correct and consistent monitoring and review of fluid intake for consumers on fluid restriction has the potential to place them at risk of fluid overload and in turn exacerbate existing medical conditions. I do acknowledge, however, that supporting documentation included in the provider’s response demonstrates fluids consumed by consumers between 5.00pm and 8.00am have been documented.

I find vital signs and neurological observations have not been consistently undertaken or taken at all post falls, in line with the service’s processes, with clinical staff stating they use their clinical judgement when a consumer sustains a fall, undertaking observations they feel are appropriate at the time of the incident. I note the provider acknowledges falls management procedures are unclear, possibly contributing to inconsistencies in staff practice and has taken actions to address this. However, by not consistently undertaking and/or documenting observations, this practice does not enable effective monitoring of consumers post falls to occur or changes in consumers’ condition to be effectively identified and prompt action to be taken in response, potentially placing consumers at risk.

I have considered changing of BGL frequency without GP input in my finding for requirement (3)(a) in this Standard. However, I have considered for a consumer with a diagnosis of type 2 diabetes, their BGL has not been taken monthly, in line with directives, with only one BGL recorded since July 2023. The BGL recorded was taken in response to a change in the consumer’s condition. However, despite the consumer complaining of similar symptoms on two other occasions following this episode, BGLs were not taken. Such practices have the potential to miss changes to BGLs which could contribute to deterioration of the consumer’s health and well-being.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care non-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)