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: | 19 September 2023 to 20 September 2023 |
| Performance report date: | 1 November 2023 |
| 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 Therese Wilson, 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 staff, consumers/representatives and others;
* the provider’s response to the assessment team report received 13 October 2023.

# 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 assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

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 Requirement (3)(a) – Ensure that consumers receive effective clinical that is tailored to their needs and best practice particularly in relation to strategies to manage behaviours, weight management and nutritional needs.
* Standard 3 Requirement (3)(b) – Ensure effective management of high impact high prevalence risks particularly in relation to preventing weight loss, minimising the use of restraint, and preventing and managing pressure injuries.

# 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

As the two Requirements assessed were found non-compliant the overall rating for this Standard is non-compliant.

The assessment team recommended Requirements (3)(a) and (3)(b) as not met as each consumer does not get safe and effective care that is tailored to their need or is best practice or high impact or high prevalence risks were effective in preventing weight loss, minimising the use of restraint, and preventing and managing pressure injuries.

In relation to Requirement (3)(a) the assessment team stated that one consumer did not have the Dementia Support Australia recommendations included in their care planning information which has resulted in them not receiving care tailored to their needs and resulting in continuing use of psychotropic medications which could be reduced with effective strategies. Another consumer did not have weekly weights take or their fluid restrictions monitored to ensure they are adhered to. Another consumer did not receive the diet as provided by the next of kin on entry and it took a few months to be implemented.

The management of high impact or high prevalence risks was not effective in preventing weight loss, minimising the use of restraint, and preventing and managing pressure injuries under Requirement (3)(b). The consumer who did not have care tailored to their needs was still being administered psychotropic medications that had not been considered in relation to continued falls or their weight loss. Three consumers, also subject to restrictive practice, one having falls, two having unmanaged weight loss and all three not having their chemical restrictive practice monitored effectively.

The service responded to the assessment team report on the 13 October 2023 providing commentary on each of the consumers mentioned and the progress notes and dignity of risk information for the consumer who did not receive the diet as provided by the next of kin.

In relation to Requirement (3)(a) the service stated that the Dementia Support Australia recommendations are now in the care plan, fluid restrictions and weights were now being monitored. The consumer with the dietary needs progress notes showed they were reviewed shortly after entry and a dignity of risk was completed shortly after in relation to food.

In response to the information in Requirement (3)(b) the service introduced several items, including but not limited to, revising the nutrition and hydration documentation with staff attending face to face training on it. Additional information is now provided in the handover reports to manage food and fluid intake along with additional weight management monitoring. New processes for skin observations and training for staff in these processes. Additional training in relation to chemical restraint and the reduction of usage including with a consumer mentioned in the assessment team report. All consumers in the report have been reviewed to ensure they are receiving appropriate care and the psychotropic medication usage is in line with legislative requirements.

I have considered both the assessment team report and the provider’s response and I agree with the assessment team that at the time of the assessment contact the provider was not meeting these requirements as not all consumers were receiving best practice care and high impact high prevalence risks were not always managed effectively.

I acknowledge that with one consumer evidence was included in the provider response to show the consumer was receiving safe and effective care that was managing their risks. With the other consumers, whilst the service did not directly state they accepted the assessment team’s findings they have made improvements to ensure that all consumers are being provided with safe and effective care that manages their high impact high prevalence risks based on the information provided in the assessment team report. The reason I am finding them non-compliant is that time will be required to embed the new learnings and processes and for the service monitor them to ensure they are effective.

It is for these reasons I find Requirements (3)(a) and (3)(b) non-compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(c) | The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

As the two Requirements assessed were found to be compliant the overall rating for this requirement is not applicable.

The assessment team recommended Requirement (3)(a) as met and Requirement (3)(c) as not met. The not met recommendation was due to staff not demonstrating knowledge of the services policies and procedures and staff did not have access to the nutrition and hydration policy and procedure until the second day of the visit. One consumer was receiving psychotropic medication that was not considered a chemical restraint, but the assessment team stated the medication did meet the definition of a chemical restraint, and staff did not demonstrate they were aware to complete a progress note and inform the registered nurse when they identified skin changes during checks rather than just fill out the skin check form for review.

The assessment team found that that the workforce is planned to enable the delivery of safe and quality care to each consumer.

The service responded to the assessment team report on the 13 October 2023 providing commentary that the nutrition and hydration information was only released on the first day of the visit and that is why staff had not had training in it yet and training was commenced the following day. Other training was also provided following the visit including the management of nutrition, hydration and weight management and printed policies are available to all staff. Staff have also received training in relation to chemical restraints, with information now available on handover sheets which informs the monitoring charts that need to be completed for the purpose of monitoring each consumer with restraint.

I have considered both the assessment team report and the provider’s response, and I consider the service is meeting both requirements. The assessment team report outlined how staff did not have access to some policies and procedures and how they were not aware of what the procedure was. This does not make staff incompetent, instead it outlines deficiencies in training and where training has been provided the effectiveness of that training which is more relevant to Requirement (3)(d) in this Standard. In their response the service stated they have now provided access to the documents and training in areas as outlined by the assessment team. The service now needs to ensure that training is effective which will also be evident in the improvement of care and management of risks in Standard 3 Requirements (3)(a) and (3)(b).

It is for these reasons I find Requirement (3)(a) and (3)(c) 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)