Performance

Report

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| Name of service: | Weeroona Aged Care Plus Centre |
| Service address: | 14 Trebartha Street BASS HILL NSW 2197 |
| Commission ID: | 0014 |
| Approved provider: | The Salvation Army (NSW) Property Trust |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 July 2023 |
| Performance report date: | 1 August 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 Weeroona Aged Care Plus Centre (**the service**) has been prepared by G Cherry, 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.
* Performance Report dated 16 February 2023.

# Assessment summary

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| 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 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 Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of seven requirements was assessed and found compliant.

A decision was made on 16 February 2023 that the service was non-compliant in requirement 3(3)(b) after a site assessment conducted 10-12 January 2023. The service did not demonstrate an effective system to adequately manage weight loss, specialised diets, pain management and complex behavioural needs.

The approved provider advised the assessment team conducting an assessment contact visit on 5 July 2023 of improvement activities/actions in response to previous non-compliance. These include:

* Review all consumers risk safety assessments to ensure identified and appropriate mitigation strategies are reflected in care plans.
* A memorandum issued to remind clinical team members when risk safety assessments are required.
* Established a “complex care committee” at site level to improve management of high impact/prevalence risks specific to each consumer.
* Provided education to clinical team regarding the role of corporate complex care panel and referral processes.
* Provided mandatory education for all clinical staff regarding risk identification/mitigation process.
* Review Complex Care Need Register to include consumers experiencing unplanned weight loss and changed behaviours; review of this document to occur each day during clinical team transfer of information ensuring clinical team awareness of individual consumer’s risk; introduction of a weekly transfer of information document to strengthen management of high impact/prevalence risks.
* Education for clinical, care and catering team relating to high protein/energy (HEHP) nutritional process and required monitoring documentation. Consumer’s nutritional profiling/monitoring processes reviewed.
* Review care plans to ensure currency of dietitian directives.
* Strengthening monitoring process regarding enteral feeding/weight loss management due to clinical staff review/evaluation of documentation and weight loss analysis.
* Review and discussion with consumers regarding wellness program to ensure preferred method of pain management.
* Geriatrician review for consumers experiencing changed behaviours and development of profile if indicative changed behaviours as a result of pain.
* Education provided to clinical and care staff relating to use of specialised equipment such as continuous positive airway pressure (CPAP) machine.
* Development of cleaning schedule relating to consumers rooms.
* Organised case conference discussions/meetings with consumers/representatives named in previous visit.

During this assessment contact the service demonstrate effective systems to manage high impact/prevalence risks associated with consumer care, including risks relating to falls, pressure injury/wound management, pain, and unplanned weight loss. Identification occurs via assessment and monitoring processes. Sampled consumers/representatives express positive feedback in relation to management of risk. Interviewed management and staff demonstrate knowledge of consumer’s individual risks and processes to identify/monitor these. Clinical staff demonstrate knowledge if individual strategies/interventions utilised to mitigate/prevent risks including consultation/collaboration with other organisations/specialists to ensure appropriate care delivery. Care staff demonstrate knowledge of strategies required to minimise risk. Management describe the main high impact/prevalence risks identified through analysis of clinical indicator data and subsequent actions taken.

Documentation details consumers identified at risk of falling receive appropriate review by physiotherapist, directives implemented/reviewed for effectiveness. For consumers requiring pressure area care, use of pressure relieving devices is evident. Consumer’s chronic and complex wounds receive nurse practitioner/wound specialist review and directives implemented to prevent further deterioration/infection. Documentation detail exploration between pain and changed behaviours. Pain assessment/management for consumers identified at risk of experiencing chronic/acute pain are regularly monitored by occupational therapist, medical officer, and clinical team. Staff receive education relating to pain assessment/management. Sampled consumers experiencing unplanned weight loss and/or swallowing risks receive dietitian and/or speech pathologist review and appropriate dietary supplements/modification. Documentation detail staff provide nutritional needs according to directives.

In consideration of compliance, I am swayed by the evidence bought forward by the assessment team, feedback received from consumers/representatives/staff and the service’s demonstration of actions/outcomes to ensure effective management of high impact/prevalence risks associated with each consumer’s care.

I find requirement 3(3)(b) is 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 Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of five requirements was assessed and found compliant.

A decision was made on 16 February 2023 that the service was non-compliant in requirement 8(3)(d) after a site assessment conducted 10-12 January 2023. The service did not demonstrate organisational risk management systems are consistently effective in monitoring/managing high impact/prevalence risks associated with consumers’ care.

The approved provider advised the assessment team conducting an assessment contact visit on 5 July 2023 of improvement activities/actions in response to previous non-compliance. These include:

* Provision of staff training aimed to improve knowledge, skills, practice related to risk identification/mitigation. While document review demonstrate this has occurred, management note ongoing training due to employment of new staff.
* Review of high acuity risk recording document to include identified risk and rating for each consumer – available to management team in ‘real time’ due to automatic update of live data from the clinical documentation system. Organisational compliance team generate a monthly report for analysis and determine required actions.
* Establishing a complex care committee to review incidents and individual consumer’s individual needs providing advice relating to complex care provision.
* Maintenance of a complex health care document to record each consumer’s individual clinical complex care need (amended to include unplanned weight loss), providing an integral tool for ongoing monitoring/review of clinical risk.

During this assessment contact the service demonstrate effective risk management systems including an organisational risk management framework with procedures/policies to guide staff practices relating to organisational expectations, training, monitoring/reporting structures and senior management oversight. A known process guides reporting requirements/escalating issues of concerns and an organisational quality team oversee governance procedures, reporting processes/compliance issues via access to data within the electronic documentation system. Analysis of clinical indicators/risk occurs to identify trends and respond as required, for example updated procedures for managing dysphagia due to an incident at another service. Regular meeting forums include discussion of actions to address risks. All consumers have a risk safety assessment upon entering the service and a monitoring process ensures regular review of individual and service-related risks. Incident management systems include an escalation process and reporting as per legislative requirements. Interviewed staff demonstrate knowledge of incident management and advise of training received. Staff demonstrate knowledge of consumers individual needs, noting an effective process to inform them of changes to consumers condition/care needs.

In consideration of compliance, I am swayed by the evidence bought forward by the assessment team, feedback received from consumers/representatives/staff and the service’s demonstration of actions/outcomes to ensure effective risk management systems and practices.

I find requirement 8(3)(d) is 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)