Performance

Report

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| Name of service: | Wheatfields Incorporated |
| Service address: | 21 Hanson Street FREELING SA 5372 |
| Commission ID: | 6841 |
| Approved provider: | Wheatfields Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 17 October 2022 to 18 October 2022 |
| Performance report date: | 28 November 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 Wheatfields Incorporated (**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 - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* an email from the provider received 4 November 2022 indicating a response to the Assessment Team’s report would not be provided; and
* a Performance Report dated 8 March 2022 for a Site Audit conducted 30 November 2021 to 2 December 2021.

# 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 7** Human resources | **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 |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Requirements (3)(a), (3)(b) and (3)(e) were found Non-compliant following a Site Audit undertaken from 30 November 2021 to 2 December 2021 where it was found the service did not demonstrate:

* assessment and planning considered risks to consumers’ health and well-being to inform the delivery of safe and effective care and services;
* assessment and planning identified and addressed all consumers’ current needs, goals and preferences, including end of life planning; and
* care and services were reviewed regularly for effectiveness, and when circumstances changed, or when incidents impacted the needs, goals or preferences of consumers.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Added a supernumerary clinical shift on morning and afternoon shifts to facilitate clinical assessments and support care provision.
* Reviewed management plans for all consumers with a diabetes diagnosis and the Physiotherapist has reviewed and updated mobility assessments and care plans.
* Provided education, training and competency checks for staff relating to assessment skills, care planning.
* Reviewed and updated policies on clinical care and care and service delivery.
* Introduced a Resident of the day process.

At the Assessment Contact, care files sampled showed a range of assessments undertaken on entry and regularly thereafter to determine consumers’ clinical care needs. Validated risk tools are used, including for mobility and falls risk, pain, skin integrity, nutrition and hydration, behaviour and depression. Information gathered through assessments and consultation with consumers and/or representatives informs development of a personalised care plan. Consumers sampled were happy with their care and were confident care is adjusted whenever their health needs changed and representatives sampled stated action is promptly taken and communicated when risks are identified, or care needs changed.

Assessment and planning processes were also noted to address consumers’ current needs, goals and preferences, including advance care and end of life planning. Policies and procedures are available to guide staff in care and service delivery in the end stages of life and an end-of-life care pathway is used to monitor consumers’ pain, skin and oral health care each shift.

An annual care plan review process is in place and there are processes to alert staff when reviews are due. Restrictive practice reviews are completed three-monthly and each consumer with a restraint in place had a detailed behaviour support plan in place. Sampled files showed wounds are attended as directed and measurements were present and consistent and Physiotherapist reviews occur following incidents, such as falls. When as needed pain relief is required staff document its effect. Care files sampled demonstrated consumers’ care and services had been reviewed and required assessments and care plan updates completed following skin tears and return from hospital.

For the reasons detailed above, I find Requirements (3)(a), (3)(b) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers Compliant.

# 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 |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Requirements (3)(b), (3)(d) and (3)(g) were found Non-compliant following a Site Audit undertaken from 30 November 2021 to 2 December 2021 where it was found the service did not demonstrate:

* high impact or high prevalence risks associated with the care of each consumer were effectively managed;
* deterioration or change of one consumer’s physical condition was responded to in a timely manner; and
* processes to minimise infection related risks were consistently followed by staff.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed and updated policies in relation to wounds, pressure area care, medication management, clinical deterioration and change in condition process and infection control and appropriate use of antibiotics.
* Provided education to staff in relation to wounds, pressure area care and repositioning, medication management, deterioration, escalation of a consumer’s condition, transfer to and return from hospital and clinical care processes.
* Introduced spot checks for clinical staff to ensure time sensitive medications are administered on time and pressure area care and repositioning of consumers and wound regimes and management are adhered to.

At the Assessment Contact, the Assessment Team found consumers and representatives were satisfied with the care consumers receive and management of consumers’ individual risks, such as falls, medications, wounds, behaviours and pain. Assessments, care plans and charting are used to identify, assess and monitor risks to consumers. A care file sampled demonstrated a consumer’s behaviours of concern had been identified, assessed and management strategies implemented. Involvement of behaviour specialists was also noted, with recommendations incorporated into care plan documents. High impact or high prevalence risks are monitored and analysed, with trends used to inform and improve practice. Daily review of progress notes also ensures consumers’ clinical and personal risks are identified and effectively managed. Care and clinical staff were knowledgeable of sampled consumers’ high impact or high prevalence risks and described how they identify, assess, and manage such risks.

Care files sampled demonstrated a range of monitoring tools and assessments had been completed on entry and on an ongoing basis and were used to identify and evaluate changes to consumers’ health, condition, and abilities. For two consumers, prompt action had been taken in response to changes in condition, with one consumer commencing end of life care and another being reviewed by the Medical officer and hospital for treatment and medication review. Care and clinical staff described escalation processes for review by Medical officers or Allied health specialists and there are policy documents to guide staff in identification and management of clinical deterioration. Consumers and representatives confirmed appropriate and prompt action had been taken in response to deterioration in consumers’ health and recalled assessments, observations and medical reviews occurring following falls, weight loss and escalation of behaviours.

Minimisation of infection related risks were demonstrated through standard and transmission based precautions and staff practices were demonstrated to promote appropriate antibiotic prescribing and use. Staff sampled described practical strategies to minimise use of antibiotics and care files demonstrated pathology is collected prior to treating symptoms of infection. The service has an Infection prevention and control lead in place. Infection control precautions and processes were generally observed to be implemented in response to a consumer displaying signs and symptoms of influenza, including isolation and testing. However, appropriate signage/alerts was observed not to be in place to alert staff/visitors of the consumer’s status and staff use of personal protective equipment was not consistently appropriate. I would encourage the service to review monitoring processes relating to these areas.

For the reasons detailed above, I find Requirements (3)(b), (3)(d) and (3)(g) in Standard 3 Personal care and clinical care 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 |

Findings

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 30 November 2021 to 2 December 2021 where it was found the workforce was not planned to enable, and the number and mix of the workforce deployed enabled, the delivery and management of safe and effective care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Additional supernumerary Clinical nurses have been appointed to provide oversight and management of care and services enabling other clinical staff to focus on daily clinical tasks.
* Engaging a Human resource consult who is currently assisting one day a week.
* Undertaking a workforce audit review identifying minutes per consumer per day; subsequent reporting and auditing is reported to the governing body.

At the Assessment Contact, the service demonstrated a system for planning and managing the workforce to ensure the number of personnel is sufficient to meet the care needs of consumers. The number of consumers and consumer acuity determine the staffing model. Management review and report on workforce governance within the leadership team and to the governing body, addressing any issues associated with the number and mix of staff. Call bells are actively monitored and extended call bell times are reviewed and investigated. Half of the staff sampled said there are a high number of unfilled shifts every week and this impacts their ability to deliver safe care and services as they are not able to attend to consumers in a timely manner. Allocation sheets showed there were unfilled shifts each week, however, overall, they were noted to be minimal. All consumers and representatives sampled were satisfied with the number of staff and indicated consumers’ care needs are not impacted by any workforce shortages and call bells are answered promptly.

For the reasons detailed above, I find Requirement (3)(a) in Standard 7 Human resources 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 a Site Audit undertaken from 30 November 2021 to 2 December 2021 where it was found the organisation’s clinical governance framework was not effective in ensuring behaviour support plans were implemented and identifying recurring antibiotic use, incorrect staff practice and ineffective management of wounds. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Introduced a Clinical quality governance committee to assist in improving how data is collected and reported.
* The Clinical governance committee and Board appointed members with previous clinical and/or aged care experience.
* Provided training and education to staff in clinical and organisational governance.

At the Assessment Contact, the Assessment Team found a clinical governance framework, inclusive of antimicrobial stewardship, minimising use of restraint and open disclosure is in place, supported by policies and procedures. The application of restraint is documented, and the service actively attempts to minimise the use of restrictive practices. There are systems for preventing, managing and controlling infections and antimicrobial resistance which is monitored and reported through clinical indicator data. There are systems to support communication with consumers about incidents that have caused harm and the service practices open disclosure, which is imbedded in the service’s values and training, through investigation of incidents and engagement with the consumer and/or representative.

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)