Performance

Report

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| Name of service: | Woodlands Aged Care and NDIS Services |
| Service address: | 34 Free Street NEWMARKET QLD 4051 |
| Commission ID: | 5264 |
| Approved provider: | Mellreach Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 25 August 2023 |
| Performance report date: | 21 September 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 Woodlands Aged Care and NDIS Services (**the service**) has been prepared by B Bassett, 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.
* the provider’s response to the assessment team’s report received 12 September 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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

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.

* The organisation must deliver safe and effective personal and clinical care in accordance with consumers’ needs, goals and preferences to optimise health and well-being.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

The service demonstrated consumers are treated with dignity and respect and receive care that values each consumer’s diversity and cultural needs. For example, consumer care plans outlined personal interests and used respectful and considerate language to record information regarding consumers’ cultural identity, language preferences and individual activities of choice to guide staff in their interactions with consumers. When questioned about sampled consumers, staff were able to describe how they support the consumer to maintain their identity and individuality, for example, by facilitating the use of the consumer’s original language and helping them attend activities of cultural significance to them.

Staff have monthly meetings with consumers to allow all consumers to voice what activities they would like implemented into the activity calendar.

Staff were observed interacting with consumers in a respectful and kind manner.

Following consideration of the above information I have decided that Requirement 1(3)(a) is Compliant.

# 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. | Non-compliant |

Findings

The Assessment Contact report indicated consumers are not safely monitored after experiencing an unwitnessed fall with head strike and post fall monitoring was inconsistent with organisational policy. For example, the neurological observation charts for three named consumers who had unwitnessed falls, indicated they were monitored 3 times following the fall and not in accordance with the organisational policy which stipulates observations ‘half hourly for 2 hours, hourly for 2 hours, and then 4 hourly for 24 hours’. Additionally, the service was unable to describe effective fall prevention strategies in relation to these consumers and one of the consumers was not reviewed by the physiotherapist following their fall.

Wound care documentation did not demonstrate safe and effective wound care management for consumers. Wound care charting demonstrated wounds are not monitored as per organisational policy. For example, a named consumer’s wound care plan identified a dressing change every two days, however, gaps of 4 to 16 days were evident in the charting. Another consumer’s wound care plan identified dressings were to be changed every 4 days, but gaps of 5 to 16 days were evident in the charting. The service’s wound care policy outlines a requirement for weekly measurements of all wounds, but this was not adhered to for the two consumers.

Consumers subject to a chemical or physical restraint did not always have appropriate informed consent documentation. Consumers subject to a chemical restraint did not always have a diagnosis or indication recorded to inform staff when to administer a chemical restraint. For example, for three named consumers with a chemical restraint, their medication charts did not demonstrate a diagnosis or indication to inform staff when to administer their medication. The service was unable to demonstrate informed consent had been received from the consumers or their representatives.

The service did not demonstrate informed consent had been received for all consumers subject to a physical restrictive practice. All consumers sampled who were subject to an environmental restraint had consent forms that were outdated.

The Assessment Contact report stated that the Assessment Team advised service management of the identified deficiencies and in response, management provided an action plan to address the deficiencies outlining the following actions to be taken:

* An email would be sent to all registered nurses outlining the fall monitoring policy and wound care policy.
* A discussion would be held with the physiotherapist in relation to deficiencies in post fall reviews. Registered staff would be informed to use an external physiotherapist if the service’s physiotherapist was unavailable.
* The Clinical Manager (CM) and Clinical Nurse (CN) will monitor post falls documentation.
* The Medical Officer (MO) will be prompted by registered staff to review consumers who sustain an unwitnessed fall with head strike.
* The CM will monitor wound care plans to ensure registered staff monitor wound care daily.
* Compulsory wound care training will be undertaken by registered staff.
* The CM and CN will create a spreadsheet to monitor all forms of restrictive practice within the service, including ensuring all consumers subject to a restrictive practice have informed consent.
* A discussion with the service’s MO had been scheduled in relation to providing clear indications for consumers subject to chemical restraint.

In responding to the Assessment Contact report the Approved Provider did not dispute the deficiencies identified by the Assessment Team with respect to falls management, wound management or restrictive practices. The response did, however, provide significant additional information regarding actions taken by the service to address the deficiencies.

With respect to falls management, the response advised actions included:

* All mobility and functioning assessments had been reviewed by 29 August 2023.
* The service physiotherapist had been made aware of the need for specific recommendations in post fall assessments.
* An education session had been arranged with the relevant staff, management, and educators to ensure all concerned were aware of their input required into assessments.
* Audit of the three consumers identified with inappropriate falls management follow up had been completed and new fall prevention strategies had been implemented.
* Eight consumers identified at high risk of falls or frequent falling had their behaviour management care plans reviewed, with family where possible, to identify what additional measures can be taken to prevent falls for the consumers.
* It was identified by the service there was a need to increase after-hours physiotherapist or MO availability to review consumers post fall in a timelier manner. Permanent arrangements are still being made, but in the interim the MO has agreed to attend on weekends when a fall has occurred to review the impacted consumer.
* A meeting with the MO and registered staff discussed the issues around post falls monitoring and the importance of adherence to the falls management policy and process.

With respect to wound management, actions taken by the service since the assessment contact included:

* A review of all wounds was completed by 30 August 2023 and photos and measurements of all current wounds had been recorded.
* Consumers with multiple chronic wounds had been reviewed by an external wound care specialist and their wound management plans updated accordingly.
* Four members of the registered staff team had attended wound training with an external wound care specialist.
* All registered nurses are to attend off site specialist wound care training by the end of October 2023.
* Registered staff were provided an individual copy of the wound care policy and advised at a staff meeting of the importance of adhering to the policy. An adjustment to the handover process was implemented to ensure wound dressings were not missed.

With respect to restrictive practice, the response advised:

* An improved single form regarding informed consent had been agreed upon and all other forms had been removed from the clinical management system. Over half of all consumers on any form of restraint have had the new form completed and discussed with them or their representatives. Progress was continuing with regard to the remaining consumers.
* Management are consulting with QCAT regarding consent for consumers with a cognitive impairment and no appointed guardian or next of kin.
* A new electronic medication management system has been introduced that includes all diagnoses and indications for each consumer in their medication chart. This will ensure registered staff have access to the indications required for the use of any medication which could be considered a chemical restraint. The system also prompts for three monthly reviews of the chemical restraint.
* All registered staff have attended training on the new electronic medication management system and on the amended process for managing restrictive practice.

In considering my decision in relation to this Requirement, I have placed weight on the extent of the deficiencies identified in the Assessment report across three areas of clinical care. I acknowledge and commend the immediate response by the approved provider, including while the Assessment Team were still on site, and the subsequent actions undertaken by the service to improve their performance in the Requirement. It is my view, however, that these actions, some of which are yet to be implemented in their entirety, will need time to be embedded in usual practice and evaluated for effectiveness. Therefore, it is my decision that Requirement 3(3)(a) is Non-compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

The service was observed to be clean and well maintained and consumers were observed moving freely around the service, both indoors and outdoors.

Staff were able to demonstrate effective processes to ensure consumer rooms and common areas were regularly cleaned and kept safe from environmental hazards.

Most consumers interviewed said they felt safe and comfortable at the service and provided positive feedback regarding the cleaning and maintenance of the service. For example, sampled consumers complimented the work of cleaners, maintenance officers and gardeners at the service and said they enjoyed different areas of the service environment. Staff were aware of the process for identifying and reporting maintenance issues and replacing equipment out of order.

External seating areas and gardens were observed to be clean and welcoming, free from hazards and well maintained. Smoking areas were available to consumers. The areas were designated by signage and equipped with fire blankets and ashtrays. The smoking areas were accessible for consumers in wheelchairs or with mobility issues and consumers were visually monitored by staff.

The service entry had an electronic keypad. Management explained some consumers had been provided with the door code and left the service freely, however, the majority of consumers were unable to leave the service safely and were therefore subject to environmental restraint. Consumers who reside in the high dependency unit and are mobile are escorted by staff to other areas of the service.

The Assessment Team reviewed the environmental restraint consent forms and found they were not all reviewed and signed annually by the substitute restrictive practice decision maker Many consumers were under the care of the Public Guardian. The service stated they would document any attempts to have these forms signed in future. I acknowledge the difficulty faced by the service in ensuring the environmental restraint forms are signed and their commitment to ensuring these are documented.

Taking all of the above information into consideration, I have decided that Requirement 5(3)(b) is 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

All consumers interviewed said staffing enabled the provision of care and services in a timely manner. Review of rosters and allocation sheets demonstrated vacant shifts were filled. Staff said they have enough time to meet the demands of their roles and the needs of consumers.

Consumers provided examples of how the level of staffing met their individual needs, such as a consumer requiring three person assistance with transfers saying they never had to wait long for this to occur. Another consumer said staff were always available to push their wheelchair.

Management demonstrated an effective rostering system to ensure an appropriate skill mix, replacement shift process and review of feedback and data to ensure safe and quality care. The service had a base roster updated fortnightly to include all planned leave. These shifts were filled with staff who had indicated they were available to cover these shifts. Unplanned leave is offered to staff who are available or staff already on shift extend and/or the next shift starts early.

Staff said they never work short in any areas of the service and all shifts are able to be covered. Registered nurses work at least one night shift per week to ensure adequate coverage and the service has medication competent care staff who can assist with medication rounds if required.

Following consideration of the above information I have decided that Requirement 7(3)(a) 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)