ACH Group Residential Care - Highercombe

Performance Report

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Hope Valley SA 5090
Phone number: 08 8397 1600

**Commission ID:** 6289

**Provider name:** Aged Care & Housing Group Inc

**Assessment Contact - Site date:** 4 August 2021

**Date of Performance Report:** 14 September 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 and staff
* the provider’s response to the Assessment Contact - Site report received 31 August 2021.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements assessed has been found Non-compliant. The Assessment Team assessed Requirement (3)(a) as part of the Assessment Contact. All other Requirements in Standard 3 were not assessed.

The Assessment Team have recommended Requirement (3)(a) in Standard 3 Personal care and clinical care not met. The Assessment Team were not satisfied the service effectively demonstrated each consumer gets safe and effective clinical care, specifically in relation to pain assessment.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care - Highercombe, Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team were not satisfied the service effectively demonstrated each consumer gets safe and effective clinical care, specifically in relation to pain. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* The consumer has been displaying escalated behaviours causing other consumers and staff to feel threatened. Pain charting has not been concise and pertinent to when behaviours are occurring.
* Between 28 June and 2 August 2021, eight incidents are recorded, including seven incidents of verbal aggression and/or threats. The consumer was transferred to hospital following one incident.
* Behaviour management strategies are in place and the service has consulted with various specialist services involved in the consumer’s care.
* No behaviours were recorded on behaviour charts commenced within the same period, 16 July and 3 August 2021.
* A three day pain chart, completed in February 2021, had no entries documented for two of the three days, and a score of zero was recorded on three occasions on one day.
* Known pain areas and the consumer’s past history had not been considered when documenting the zero pain score.
* No further pain charting has been initiated to detect and describe pain to help the diagnosis process; understand the cause of the pain and determine best treatment; monitor potential pain to determine if it was contributing to Consumer A’s escalating behaviours or pain treatment is working following change in pain treatment prescription.
* Management indicated they had contacted the Medical officer who denied Consumer A has pain and they have tried everything in the past to rule out pain.

Consumer B

* The consumer sustained a large, significant skin tear in May 2021 requiring hospitalisation.
* The representative indicated the consumer cannot verbally communicate pain and will display pain through facial queues and agitation.
* Pain charting was not commenced until two days following return from hospital.
* The consumer’s pain score was consistently zero for the 14 day charting period except on one occasion where the score indicated moderate pain.

On this occasion, a dose of a medication was administered which was not in line with the prescribed dose.

A narcotic analgesic patch was noted to have been ceased during the period of the pain charting.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response included a Corrective action plan directly addressing the deficits highlighted in the Assessment Team’s report. However, documentation to support the actions completed was not provided. Planned and/or completed actions outlined in the Corrective action plan include, but are not limited to:

* Alternate pain assessment and medication management processes to be introduced in October 2021 to improve assessment of pain and medication management.
* Staff education to be provided prior to implementation of the new pain assessment and medication management processes.

In relation to Consumer A:

* The Medical officer and Behaviour support team have indicated pain is not a trigger/cause of escalating behaviours.
* Completed a Specialist behaviour support plan to assist staff in management of the consumer’s pain and to prevent incongruency with documentation. An Emotional well-being plan has also been completed.

The provider’s response did not address the information in the Assessment Team’s report relating to Consumer B.

I acknowledge the provider’s response and the associated documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the service had not ensured two consumers were provided effective clinical care that was best practice, tailored to their needs or optimised their health and well-being.

In relation to Consumer A, the Assessment Team’s report indicates a behaviour support plan is in place and various specialist services are involved in the consumer’s care. Additionally, the provider’s response indicates pain is not considered a contributing factor for the consumer’s behaviours. However, the last pain chart was implemented in February 2021. Further pain assessments have not been implemented in response to the consumer’s recently escalating behaviours. I have also considered that while incident reports from 28 June and 2 August 2021 highlighted adverse behaviours displayed by Consumer A, behaviour charts commenced within this period did not record any behaviours. Completion of such charts would provide opportunity to monitor triggers and patterns relating to the behaviours and allow tailored behaviour management strategies to be developed.

For Consumer B, I have considered pain charting was not commenced in a timely manner following the consumer’s return from hospital with a significant skin tear. Additionally, where the consumer was assessed as experiencing moderate pain, staff administered medication which was not in line with the consumer’s prescribed dose.

For the reasons detailed above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care - Highercombe, Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The Assessment Team have recommended Requirement (3)(a) in Standard 7 met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care - Highercombe, Compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team found overall, consumers sampled considered that they get quality care and services in a timely manner. Consumers spoke positively and indicated that overall, there are enough staff and they do not have to wait long for assistance. However, three consumers indicated there are a lot of agency staff and they do not always know their care needs.

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. Workforce numbers are analysed and adjusted based on clinical indicators, staff and consumer feedback, incident trend analysis and funding claims. Management acknowledge agency staff are used, however, attempts are made to book the same agency staff to assist in continuity of consumer care.

Most staff sampled indicated they have enough time to complete their duties. Where staff indicated issues with time constraints, these did not impact the care and services provided to consumers.

Call bell response times are monitored and analysed for trends on a monthly basis. A new call bell system is expected to be implemented at the end of the year providing the service and improved ability to analyse date in real time.

For the reasons detailed above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care - Highercombe, Compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* recognise changes to consumers’ health and well-being, initiate appropriate monitoring processes and implement appropriate management strategies.
* ensure care plans are accurate and reflective of each consumer’s current care and service needs.
* Ensure policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks, are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks.