ACH Group Residential Care - Yankalilla Centre

Performance Report

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**Commission ID:** 6196

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

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

**Date of Performance Report:** 7 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-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, staff and others
* the provider’s response to the Assessment Contact - Site report received 24 August 2021
* the Performance Report dated 8 June 2021 for the Site Audit conducted 27 April 2021 to 29 April 2021.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Non-compliant as the one specific Requirement assessed has been found Non-compliant.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers. This Requirement was found Non-compliant following a Site Audit conducted 27 April 2021 to 29 April 2021. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit. However, the Assessment Team were not satisfied the actions implemented sufficiently addressed the deficits identified and have recommended Requirement (3)(a) not met. In relation to this Requirement, the Assessment Team were not satisfied the service demonstrated:

* assessment and planning, including the consideration of risks to the consumers’ health and well-being, informs the delivery of safe and effective care and services.

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 - Yankalilla, Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment Team were not satisfied the service demonstrated assessment and planning, including the consideration of risks to consumers’ health and well-being, informs the delivery of safe and effective care and services. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* A potential skin integrity risk posed by Consumer A’s changed mobility was not identified and reassessment, including a risk assessment, of skin integrity did not occur until 10 days post the consumer’s return from hospital.
* Seven days following return from hospital, Consumer A developed a blister to the heel. Strategies to minimise risk of further skin breakdown implemented included a bed cradle, towel under the heel and a sheep skin bootie.
* Five days following the identification of the blister, the area was reassessed as a stage three pressure injury with contributing factors noted as decreased mobility and heel pressure on the bed.
* The skin assessment was updated at this time to include pressure area care two hourly, sit stand regularly, massage to skin to assist circulation, elevate feet from surfaces and regular skin check and reporting.
* In response to skin and wound assessment processes, clinical management stated:
* Registered nurses are inexperienced in their roles and have not developed the skills to accurately identify wound stages or know when to initiate reassessments.

Consumer B

* While Consumer B’s risk of developing pressure injuries had been identified and the consumer had a history of pressure injuries, a pressure injury to the toe was identified at a stage three.
* Information in two Skin integrity assessments completed 16 days apart included identical information. The assessment completed in response to the pressure injury did not identify any further strategies to manage risk of skin breakdown.
* Wound documentation for a 14 day period demonstrated the wound has not been consistently measured or accurately photographed in line with the service’s process.
* Clinical management stated they were not confident of the measurements as staff were inexperienced in their role.
* The Quality manager stated they did not find it unreasonable for wounds to be identified at stage three “as the wound may have developed in six hours”.

Consumer C

* Consumer C stated they were finding it difficult to adjust to residential care and felt a bit isolated as consumers in the area were not able to engage with them. The consumer indicated they had informed staff.
* Consumer C has a diagnosed mental health condition. Management stated assessments relating to emotional support would be undertaken when the consumer became permanent in line with the service’s admission schedule process.
* Clinical management stated the consumer had not mentioned anxiety related to transitioning to aged care on entry, however, anxiety would be assessed as part of behaviour management once the consumer became permanent.
* Staff sampled indicated:
* the consumer had been anxious the previous evening and they had spent time talking with them.
* the consumer was a younger person who was placed in the dementia unit for respite and consequently does not have any other consumers to talk to.
* they recognised the consumer was having problems transitioning and had spent time providing emotional support to them.
* An interim assessment did not consider the consumer’s diagnosed mental conditions to inform care planning.

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:

* Updated assessments, including risk assessments for Consumers A and B.
* Emailed nursing staff regarding wound assessment and charting. Education to be provided in relation to expectations of documentation of skin integrity and wound assessments.
* Memorandum sent to all care staff regarding expectations in relation to skin assessment and education is to be provided.
* Completed Responsive behaviour charting and a Responsive behaviour and emotional well-being assessment for Consumer C.
* Counselling sessions have been arranged to provide support for Consumer C.

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 27 April 2021 to 29 April 2021 where it was found relevant risks to health and well-being identified through allied health assessments were not used to inform delivery of safe and effective care and services for two consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reassessed both consumers and completed new risk management plans.
* Provided education to senior clinical staff to provide clarification of the expectations of consumer risk management and associated documentation.
* Conducted a full review of the organisation’s risk documentation and issued a new Safe smoking procedure.
* Identified some incongruences relating to documentation for the two consumers identified at the Site Audit, and in response reviewed all associated assessments.

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’s assessment and planning processes, including in relation to consumers’ risks, were not effective.

I have considered for Consumer A, despite a change in the consumer’s mobility, assessments, including in relation to skin integrity, were not initiated until 10 days after the consumer returned from hospital. The consumer developed a blister to the heel seven days following return to the service with the area assessed as a stage three pressure injury five days later. Contributing factors included decreased mobility.

In relation to Consumer B, I have placed weight on information indicating a Skin assessment completed in response to identification of a stage three pressure injury did not include additional strategies to minimise further risk of skin breakdown, Additionally, the risk assessment was identical to the skin assessment completed 16 days prior to identification of the pressure injury.

For Consumer C, assessment and planning processes have not considered information relating to the consumer’s diagnosed mental health condition. I have considered that Consumer C had expressed feelings of isolation and staff had noted the consumer was anxious and having problems transitioning into aged care. Additionally, the Assessment Team’s report indicates the consumer is a younger person who is located in the dementia unit. However, management indicated assessments relating to emotional support and anxiety would not be completed until the consumer became permanent. Regardless of whether a consumer has entered the service as respite or permanent, I find it is not unreasonable for consumer’s to expect that risks related to their health and well-being are identified in a timely manner, and appropriate assessments and management strategies initiated. Such actions would ensure consumer’s health and well-being are monitored and changes identified in a timely manner.

For the reasons detailed above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care - Yankalilla, Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# 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 2 Requirement (3)(a)**

* Staff have the skills and knowledge to:
* initiate assessment and planning processes, including in relation to risk, in response to consumers’ health, safety and well-being, including changes.
* use available information to inform assessment and planning processes and requirements.
* Ensure policies, procedures and guidelines in relation to assessment and planning are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment and planning.