Aldinga Beach Court

Performance Report

6 Pridham Boulevard   
ALDINGA BEACH SA 5173  
Phone number: 08 8550 2100

**Commission ID:** 6164

**Provider name:** Churches of Christ Life Care Incorporated

**Assessment Contact - Site date:** 26 August 2020

**Date of Performance Report:** 12 November 2020

# Publication of report

This Performance Report **may 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** |  |
| Requirement 3(3)(b) | 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 staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received on 18 September 2020.

# STANDARD 3 Personal 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 Assessment Team assessed Requirement (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed.

Overall consumers sampled considered they receive personal care and clinical care which is safe and right for them. Two representatives expressed overall satisfaction with the care and services provided and said staff do the best they can, are kind and respectful and assist them to access medical and other off-site services as required.

The service generally has initial and ongoing assessment processes to assist in identifying high impact or high prevalence risks for each consumer. Risk assessments form part of the overall assessment processes in consideration of pain, nutrition and hydration, falls management and skin integrity.

The Assessment Team noted that one consumer with a pressure area wound had skin integrity assessments completed, had been reviewed by the Medical officer, and was administered pain medication as required.

The Assessment Team found the service did not demonstrate the effective management of one consumer’s ongoing falls and staff were not always completing pain and toileting charts to assist in monitoring the impacts of the consumer’s pain and toileting needs.

I have considered the Assessment Team’s report and the approved provider’s response to come to view that the service is Non-compliant with Requirement (3)(b) of Standard 3. I have provided the reasons for my decision below.

### Assessment of Standard 3 Requirements

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. In particular, the service did not demonstrate the effective management of one consumer’s risks from numerous falls, and staff were not always monitoring the consumer’s pain and toileting needs to identify and reduce continuing falls.

The Assessment Team provided the following evidence relevant to my decision, including:

* One consumer was hospitalised following a fall which resulted in a fractured right neck of femur. On returning to the service, the consumer subsequently had further falls during a two-week period of time. The falls were identified as being associated with incontinence and/or attempting to go to the toilet unassisted or associated with pain.
* Pain and toileting charts provided to the Assessment Team were incomplete and did not provide sufficient information for staff to evaluate pain and toileting needs or to inform the care plan.
* The current Mobility care plan stated the consumer was a high falls risk, and strategies include two staff and appropriate equipment to transfer the consumer to a commode, has a floor line bed with mats on either side, to have analgesia prior to transfer, and allied health staff are to provide daily care to assist the consumer with their mobility, as tolerated post hip surgery.
* The consumer’s pain plan states the consumer’s pain is worse on movement, weight bearing and walking, and is managed by rest, heat and massage.
* Falls incident reports indicated that the falls were either associated with incontinence and/or attempting to go to the toilet or associated with pain.
* Progress notes showed the consumer was verbally distressed and groaning in pain prior to and during physiotherapy on one occasion, despite having been administered analgesia. On the same day, the consumer was reviewed by the Medical officer and changes made to their medication. A progress notes two days after the Medical officer’s review indicate the consumer’s pain had increased and was being managed by increased analgesia, therapeutic treatments and carer massage.
* The three-day pain chart provided to the Assessment Team was not always completed by staff, interventions were not always included or described, and therapeutic interventions, such as massages, were not mentioned. It was noted from the pain chart that on one day the consumer had severe pain with facial grimacing; however, while the chart indicated the site of the pain, no interventions were described.
* The consumer’s toileting care plan states they are on a scheduled toileting program. The Assessment Team noted the chart prompts staff to check the consumer two hourly, describe whether interventions were consumer or staff initiated and the outcome. The chart also had a comments column which had been left blank. The Assessment Team noted from the charts provided that staff were not consistently checking the consumer two hourly as per the toileting plan or documenting adequate information to inform continence or toileting assessments or plans.
* Management provided clinical performance indicator information which showed the number of falls sustained at the service for May, June and July 2020. Management said they have recently introduced a multi-disciplinary team who meet regularly to discuss consumers’ falls. Management said the consumer will be reviewed by the team.

The approved provider’s response indicates they did not agree with the Assessment Team’s findings relating to this consumer and provided further evidence and documentation to support the actions taken by the service. These included:

* Prior to admission, the consumer had a history of falls and pain, as well as a history of urinary stress incontinence and faecal incontinence. On admission, a multi-disciplinary conference was held to establish the care requirements for the consumer, including being identified as a high falls risk and requiring one staff assistance with toileting.
* On return from hospital following the fracture to their right neck of femur, staff at the service noted the consumer was more confused and was attempting to mobilise without assistance. The approved provider stated that in response to the consumer’s increased falls and pain, the following interventions and reviews were commenced. This is in addition to the pain and toileting charts.
  + Observations by clinical staff and a review by the allied health team were completed on the day of the consumer’s return as well as three days later. Information was recorded in the progress notes by the physiotherapist for staff on the level of mobility assistance to be provided to the consumer.
  + The consumer was reviewed by the Medical officer and a pain management program implemented.
  + Heat packs were applied, and massages undertaken, as required. The use of these strategies was documented in the ‘Technical Nursing Needs’ report.
  + An incident analysis of the consumer’s falls was undertaken by the Care Co-ordinator, including a review of the strategies and actions to be taken by staff.
  + A continence review was undertaken by the Registered Nurse on 17 August 2020 due to the consumer’s increased incontinence and decreased mobility levels.
* Following a further fall, and consultation with the Medical officer, the consumer was subsequently returned to hospital with increased hip pain for investigation and review. On return, a further allied health review was undertaken.
* The consumer’s Specialised nursing care plan was reviewed on 18 August 2020 and included interventions for staff to identify and manage the consumer’s pain. This included the need to administer analgesia prior to commencing activities of daily living, heat and massages.
* The consumer’s Hygiene and ADL’s care plan informs staff that it has been identified from falls data that the consumer has been attempting to go to the toilet late evening or early morning. However, it is unclear from the documentation whether the care plan was reviewed immediately after the fall incidents. The date of this care plan is 7 September 2020.
* It is noted a comprehensive clinical care evaluation was undertaken on 21 August 2020 which included a review by physiotherapy staff and pain management.
* The approved provider states the pain chart report should be read in conjunction with the progress notes regarding pain management, interventions and effectiveness.
* The consumer was reviewed at the multi-disciplinary meetings on 13 August and 19 August 2020. The meeting minutes stated there was a falls prevention program in place following their return from hospital as well as ongoing monitoring and discussions with staff at team huddles. No evidence was provided to support that the suggested strategies had been implemented.
* The approved provider acknowledges that staff did not fully complete the toileting chart and pain management documentation, and this has been addressed through training. However, no evidence was provided by the approved provider to support that this training has occurred.
* A printout from the service’s location (Call Assist) system, shows that staff were regularly checking on the consumer.
* While the approved provider states that the consumer has had no further falls and continues to be monitored and reviewed through the service’s multi-disciplinary process, the ‘Comprehensive Review – Falls’ report provided indicates the consumer has had a further two falls in September 2020, one when the consumer crawled into the bathroom and a second when the consumer was found sitting on the floor.

I acknowledge the approved provider’s response to the Assessment Team’s findings, including the additional documentation provided. Based on the Assessment Team’s report and the approved provider’s response, I have come to the view at the time of the Assessment Contact staff were not always recording the interventions and effectiveness of medication on the consumer’s pain chart.

The pain chart and progress notes provided by the approved provider indicate there were three occasions on 13 August 2020, two occasions on 14 August 2020 and two occasions on 16 August 2020 when pain has been identified by staff; however, no interventions and effectiveness have been recorded on the pain chart. While the approved provider states this information should be read in conjunction with the progress notes, there are not always corresponding entries.

* Of the four pain chart entries for 13 August 2020 when the consumer had either major or minor pain, the progress notes only records on two occasions when interventions and effectiveness have been noted.
* Moderate and minor pain was recorded on the pain chart on 14 August 2020; however, there were no interventions or effectiveness shown on the pain chart and no corresponding entries in the progress notes.
* There were no entries in progress notes relating to the minor pain experienced on 16 August 2020.

It is noted that the physiotherapist and Medical officer had reviewed the consumer on their return to hospital following the initial fall. It is also noted that the further fall incidents had been reviewed and actions put in place and that on one occasion and following a further fall, and on the recommendation of the Medical officer, the consumer was returned to hospital for further investigation and review. It is unclear from both the Assessment Team’s report and the approved provider’s response what further actions have been implemented to prevent the consumer from continuing to have falls when attempting to take themselves to the toilet even though they are unable to mobilise without staff assistance. It is also noted the consumer has continued to have two falls in September 2020.

In relation to continence management the consumer has a toileting schedule and the consumer’s continence needs were reviewed by the Registered Nurse due to the consumer’s increased incontinence and decreased mobility levels. No further information was provided by the approved provider to support that staff are now appropriately recording on the service’s toileting chart.

On balance I am of the view staff are not always appropriately recording on the service’s pain and toileting charts. This has been acknowledged by the approved provider who has stated the service has provided additional training for staff. However, no evidence was provided which outlined the content of the training, how it was delivered and how many staff attended.

For the reasons detailed above, I find Churches of Christ Life Care Incorporated, in relation to Aldinga Beach Court, is Non-compliant with Requirement (3)(b) of Standard 3.

# 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)(b)**

* Ensure staff are monitored and are completing pain charts to document the interventions which have occurred and the effectiveness of the actions.
* Ensure staff are monitored and completing toileting charting.
* Ensure staff are provided with training on the completion of both pain and toileting charts.