Aldinga Beach Court

Performance Report

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**Commission ID:** 6164

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

**Assessment Contact - Site date:** 3 March 2021 to 4 March 2021

**Date of Performance Report:** 15 June 2021

# 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

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| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | 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 Approved Provider’s response to the Assessment Contact - Site report received 25 March 2021.

# STANDARD 3 NON-COMPLIANT 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 this Standard at this Assessment Contact. All other Requirements in this Standard were not assessed.

The purpose of this Assessment Contact was to assess the service’s performance in relation to Requirement (3)(b) in this Standard. This Requirement was found to be Non-compliant following an Assessment Contact conducted on 26 August 2020, where it was found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to pain and continence management associated with falls.

The Assessment Team have recommended Requirement (3)(b) in this Standard as not met. While the Assessment Team found the service had implemented improvements in response to the deficiencies identified at the Assessment Contact conducted on 26 August 2020, 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 at this Assessment Contact. Specifically, in relation to wound management, pressure injury prevention, management of responsive behaviours and nutrition and hydration. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Churches of Christ Life Care Incorporated, in relation to Aldinga Beach Court, Non-compliant with Standard 3, specifically Requirement (3)(b). I have provided reasons for my finding in the specific Requirement 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.*

This Requirement was found to be Non-compliant following an Assessment Contact conducted on 26 August 2020, where it was found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to pain and continence management associated with falls. The Assessment Team found the service had implemented improvements in response to the deficiencies identified at the Assessment Contact conducted on 26 August 2020, improvements include (but are not limited to):

* The consumer identified in the 26 August 2020 Assessment Contact report has had a range of assessment and charting completed and a reduction in the number of incidents of falls.
* Falls management processes and referrals to allied health staff have been reviewed.
* A multiple incident review process has been implemented for consumers who have multiple incidents.
* Review of pain management and pressure injury management processes and strategies for consumers.
* Education for staff in relation pressure injury management and nutrition and hydration.

While improvements were initiated and implemented, the Assessment Team found at this Assessment Contact that the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to wound management, pressure injury prevention, management of responsive behaviours and nutrition and hydration. The Assessment Team provided the following information and evidence relevant to my finding:

* Wound documentation indicates Consumer A had a chronic pressure injury which was showing signs of deterioration/not healing over an eight-month period. However, staff were unable to demonstrate effective wound management documentation, referral to a wound specialist or implementation of effective pressure area prevention strategies to support effective wound healing. Consumer A is not satisfied with management of this wound.
  + Progress notes, wound reports and an interview with a clinical staff member indicated wound deterioration and need for a wound specialist review for Consumer A one month prior to the Assessment Contact, however, this did not occur.
    - While management asserts Consumer A is overseen by wound specialists from a hospital, progress notes indicate there has been no review or consultation by this group for over six months.
  + Consumer A’s wound was indicating signs of infection and the service was unable to demonstrate efficacy of the medical officer’s antibiotic prescription and wound charts continued to indicate the wound was infected.
  + Wound care documentation was not effectively completed to support effective monitoring of the wound regime, including omissions of wound classifications, inconsistent wound sizing and ineffective wound imagery.
  + Assessments indicate pressure injury prevention strategies have not been updated despite deterioration in Consumer A’s wound. The Assessment Team also observed current pressure area prevention strategies were not implemented during the Assessment Contact, in accordance with the care plan.
* A consumer (Consumer B) has not had their physically aggressive behavioural responses effectively managed, which has impacted on the health and well-being of other consumers.
  + In an approximate four-month period, incident reports demonstrate Consumer B has had 10 physically aggressive behavioural responsive incidents, impacting two other consumers. Progress notes also indicated a further 12 verbally and physically aggressive responsive behavioural incidents in the two months prior to the Assessment Contact.
  + Two representatives interviewed are not satisfied the service are effectively managing Consumer B’s behavioural responses and are concerned for the safety and well-being of their consumers.
  + The Assessment Team observed Consumer B being physically and verbally aggressive for a one-hour period and staff interviewed were unable to provide specific management strategies in accordance with Consumer B’s care plan.
  + Staff have not always updated Consumer B’s care plan following physically aggressive incidents.
* A consumer (Consumer C) had several physically aggressive incidents in approximately three months which impacted other consumers, including injury. However, the service was unable to demonstrate a review of Consumer C’s behavioural responses to ensure risk of incidents reoccurring were mitigated and/or minimised.
* A consumer (Consumer D) was identified on entry to be at high risk of malnutrition and required staff support to mitigate further weight loss and malnutrition. However, staff interviewed indicated they are not always able to support Consumer D with their meals and snacks. Weight charts indicate Consumer D has continued to lose weight.
  + Food and fluid charts completed for two days in the two months prior to the Assessment Contact indicated Consumer D had not consumed all their meals, however, this chart has not been evaluated by clinical staff.
* A consumer’s (Consumer E) representative is not satisfied staff are managing Consumer E’s nutrition and hydration requirements. Additionally, the consumer is a high risk of pressure injury development, however, strategies have not been effective or reassessed following the development pressure injuries which are now resolved.
  + A dietitian requested staff monitor intake of a supplement drink, however, staff interviewed indicated they had not been requested to monitor consumption of this drink.
  + Staff were unaware of the reason a food and fluid chart was completed on two days in February 2021 or when it would be evaluated.
  + Clinical documentation did not demonstrate reassessment of pressure injury prevention strategies following the development of pressure injuries.

The Approved Provider submitted a response to the Assessment Team’s report and highlighted their commitment to improving services through the continuous improvement plan submitted to the Aged Care Quality and Safety Commission in response to the Non-Compliance Notice issued to the Approved Provider, dated 12 March 2021. The Approved Provider has acknowledged the need to improve service and capability in this Requirement, however, have provided the following information and evidence to demonstrate the issues are not systemic:

* In relation to Consumer A, the consumer made a personal choice to refuse to attend wound specialist appointments at the hospital. Consumer A’s family and medical officer were notified of the refusals and the consumer was discharged from the hospital service approximately six months prior to the Assessment Contact. Nursing staff were managing the wound under difficult circumstances due to Consumer A’s refusal to attend specialist appointments.
  + The Assessment Contact occurred before clinical staff could make a referral to the service’s wound specialists.
* All current and potential high risk wounds were planned to be reviewed by wound specialists a few weeks following the Assessment Contact.
* Behaviours were being reviewed and subsequent referrals to specialists were being made for high risk consumers, such as Consumer B and Consumer C to behavioural specialists.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I have found the service has not demonstrated effective management of high impact or high prevalence risks associated with care of consumers. In coming to my finding, I have considered risks associated with Consumer A’s wound have not been effectively managed. While the Approved Provider asserts Consumer A made a personal choice to not attend wound specialist appointments at the hospital, the consumer was discharged from the care of these specialists six months prior to the Assessment Contact. In this six month period, Consumer A’s wound deteriorated and/or did not improve and indicated signs of infection. Additionally, clinical staff identified the need for specialist review one month prior to the Assessment Contact, however, this has not occurred. I have also considered that Consumer A is not satisfied with the wound care management, and pressure area care prevention strategies have not been updated to be consistent with emerging risks and the deterioration of the wound.

In relation to Consumers B and C, I considered the service has not effectively managed risk associated with these consumers’ responsive behaviours, including risks to the safety and well-being of other consumers residing in the service. While the Approved Provider asserts reviews of Consumer B and C were being completed and subsequent referrals to specialists being made, these had not been completed at the time of the Assessment Contact, with these behaviours being exhibited in the prior three to four months.

I have also considered that the service has not effectively managed malnutrition risks for two consumers, Consumer D and Consumer E. While the consumers were both known to be at risk of malnutrition, the service did not effectively monitor nutritional intake, including in accordance with a dietitian directive for Consumer E.

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

# STANDARD 7 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as two of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team assessed Requirements (3)(a) and (3)(c) in this Standard, all other Requirements were not assessed. The Assessment Team have recommenced Requirements (3)(a) and (3)(c) in this Standard as not met. The Assessment Team found the service was unable to demonstrate the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery of safe and quality care and services or that the workforce is competent, and the members of the workforce have the required knowledge to perform their roles. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Churches of Christ Life Care Incorporated, in relation to Aldinga Beach Court, Non-compliant with Standard 7, specifically in relation to Requirements (3)(a) and (3)(c). I have provided reasons for my finding in the specific Requirements below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 the service was unable to demonstrate the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery of safe and quality care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Five consumers/representatives are not satisfied with the numbers of staff, with impact on consumers, including:
  + Extended call bell wait times.
  + Two consumers indicated they have been incontinent whilst waiting for staff assistance to the toilet.
  + Lack of assistance with meals and drinks.
* The service is not always able to fill all lifestyle and personal care worker shifts and there are current registered nursing and personal care staff vacancies which are predominately filled by regular and labour hire staff.
* The Assessment Team observed a consumer who had significant weight loss in the preceding four months to the Assessment Contact, to refuse the evening and midday meal, but staff were not observed to follow-up or offer further assistance. The consumer confirmed they did not eat at these meals.
* The Assessment Team observed a consumer with verbally and physically aggressive behaviours towards other consumers, to be unengaged by staff for an hour.
* The Assessment Team observed pressure area prevention to not be implemented for a consumer.
* Five care/clinical staff interviewed indicated they often cannot finish their designated tasks and responsibilities within their allocated shifts.
* Two care staff indicated they are required to rush provision of care and have difficulty meeting consumers’ needs.

The Approved Provider submitted a response to the Assessment Team’s report and highlighted their commitment to improving services through the continuous improvement plan submitted to the Aged Care Quality and Safety Commission in response to the Non-Compliance Notice issued to the Approved Provider, dated 12 March 2021. However, the Approved Provider asserts that the service does have sufficient staff numbers to deliver care in accordance with consumers’ needs. The Approved Provider submitted the following information and evidence relevant to my finding:

* In relation to the use of labour hire staff, the service has been compliant with the SA COVID-19 Emergency Management Directives, that is care staff are to only work at one residential service. As a result, the service has implemented several strategies to support staffing through offering additional hours to existing staff, staffing hours above normal complement to manage unplanned leave, and dedicated two full-time equivalent labour hire staff.
  + Additionally, a single agency provider for labour hire staff is used to support consistency and to ensure these staff are familiar with the organisation’s clinical and care system.
  + The use of labour hire staff is not outside industry benchmarks.
* Unfilled shift information is used to inform recruitment requirements and unworked shifts are managed daily.
* The monitoring of the budget occurs monthly and staff costs have been over and above the standard roster between July 2020 and February 2021.
* The time clock reports for payroll does not indicate staff working late on a regular basis.
* Acknowledges the service has difficulty backfilling shifts due to the inability of the preferred agency provider to provide staff at times and the impact of the Emergency Management Directives. However, staff levels have been maintained above industry benchmarks.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I have found that the service has not demonstrated that there are sufficient numbers of the workforce to deliver safe and quality care and services. In coming to my finding, I have considered feedback from consumers and/or representatives which indicates dissatisfaction with staffing levels which has resulted in negative outcomes for consumers. I have also considered the Assessment Team observed consumers to not be attended in a timely manner or provided with support with their care needs on occasion during the Assessment Contact. Additionally, staff have indicated they have experienced difficulties with delivering care without rushing or completing their duties on time. I acknowledge the service’s actions to address the staffing concerns at the service, including the difficulties faced due to the SA COVID-19 Emergency Management Directives, and the assertion that staffing levels are above industry standards. However, in coming to my finding I relied upon the feedback from consumers, representatives, staff and observations of the Assessment Team which indicates these processes have not been sufficient to meet the needs of all consumers.

For the reasons detailed above I find Churches of Christ Life Care Incorporated, in relation to Aldinga Beach Court, Non-compliant with Standard 7 Requirement (3)(a).

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team found the service was unable to demonstrate the workforce is competent and the members of the workforce have the required knowledge to perform their roles. The Assessment Team provided the following information and evidence relevant to my finding:

* Clinical staff were unable to demonstrate effective understanding of wound and pressure injury management for two consumers, including ineffective wound evaluations and practices in relation to wound management for two consumers.
* Clinical monitoring charts have not been initiated or evaluated effectively by clinical staff.
* Clinical staff were unable to demonstrate effective actions taken to address two consumers’ responsive behaviours to ensure the safety of consumers.
* Management were unable to demonstrate an understanding and application of their responsibilities associated with reportable assaults in accordance with relevant legislation.
* Three representatives indicated they are not satisfied that all staff have sufficient knowledge and skills to provide quality care and services.

The Approved Provider submitted a response to the Assessment Team’s report and highlighted their commitment to improving services through the continuous improvement plan submitted to the Aged Care Quality and Safety Commission in response to the Non-Compliance Notice issued to the Approved Provider, dated 12 March 2021. However, while the Approved Provider acknowledges the individual errors as reported in the Assessment Team’s report, the service has taken action to address these incidents but assert these practices are not common or systemic:

* The service has an appropriate skill mix base of registered and enrolled nurses who are supported by a full suite of clinical procedures supported by evidence based practice.
* Training records demonstrate staff have been provided training in relation to dementia, including managing challenging behaviours, infection prevention, diabetes management and mandatory reporting requirements.
* A clinical lead has been engaged to monitor staff and clinical practices, including supporting clinical practice. Additionally, the organisation is finalising the recruitment of a Senior Clinical Educator for the organisation by the end of March 2021.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I have found the service has not demonstrated that the clinical workforce is competent, skilled and knowledgeable to effectively perform their roles. In coming to my finding, I have considered there were insufficient clinical staff practices associated with several clinical staff over a sustained period in relation to wound management and responsive behavioural management. I have considered the clinical staff’s failure to effectively manage, monitor and treat consumers’ changing conditions have negatively impacted outcomes for consumers identified in Standard 3 Requirement (3)(b). While the Approved Provider asserts practices were not common nor systemic, the actual period of poor practices spanning over several months indicates competence and skills deficiencies for the service’s clinical workforce. I acknowledge the service has provided training for clinical staff and have recently implemented new clinical expertise roles to support clinical practices, however, I find at the time of the Assessment Contact that clinical staff’s competency, skills and knowledge were not sufficient to ensure positive consumer clinical outcomes.

For the reasons detailed above I find Churches of Christ Life Care Incorporated, in relation to Aldinga Beach Court, Non-compliant with Standard7 Requirement (3)(c).

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(c) in this Standard at this Assessment Contact, all other Requirements were not assessed. The Assessment Team have recommended Requirement (3)(c) in this Standard as not met. The Assessment Team found the service was unable to demonstrate effective organisation wide governance systems relating to workforce management and regulatory compliance. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Churches of Christ Life Care Incorporated, in relation to Aldinga Beach Court, Non-compliant with Standard 8, specifically in relation to Requirement (3)(c). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team found the service was unable to demonstrate effective organisation wide governance systems relating to workforce management and regulatory compliance. The Assessment Team provided the following information and evidence relevant to my finding:

* In relation to workforce governance processes, the service does not effectively identify the number of shifts or hours which were budgeted for but were not filled. The Assessment Team’s review of relevant information found there were five unfilled shifts in a 13-day period.
* The service does not have an effective process to monitor call bell response times, with management and staff indicating the call bell system is unreliable at times.
* The call bell report for January 2021 showed there were 488 call bell durations greater than 30 minutes and 200 sensor mat durations over 30 minutes. Management indicated there had been no formal investigation to determine if there had been any adverse outcomes for these call bell response times. Additionally, three consumers were not satisfied with call bell response times.
* Management were unaware and did not include on the service’s Allegation of Abuse Register, an incident of physical aggression between two consumers. The service was unable to demonstrate actions taken in relation to using discretion to not report this incident to the Police or the Commission.
* Management did not report a consumer’s allegation of abuse in accordance with relevant legislative requirements.
* The service’s Allegations of Abuse Register did not comply with relevant records management legislation, relating to allegations and suspicions of reportable assaults.

The Approved Provider submitted a response to the Assessment Team’s report and highlighted their commitment to improving services through the continuous improvement plan submitted to the Aged Care Quality and Safety Commission in response to the Non-Compliance Notice issued to the Approved Provider, dated 12 March 2021. However, the Approved Provider recognises that the significant changes in clinical management and clinical site staff had impacted on the understanding and articulation of the organisation’s established systems at the Assessment Contact. The Approved Provider submitted the following information and evidence to provide clarification:

* A fortnightly report for hours not worked is provided to the Chief Operation Officer with explanation for any roster variance on a fortnightly basis, with unfilled shifts managed at site level daily. Additionally, unworked shift information is used to identify recruitment requirements.
* The organisation has recognised the need for a new rostering system and this is currently being implemented.
* The call bell system is reliable, and issues raised by staff have been found to be user error rather than an issue with the system.
* The service aims to respond to all call bells within eight minutes. While the average call bell data for February 2021 is just above this target range, remedial actions have been commenced to decrease this time.
  + Average call bell response times for the consumers identified in the Assessment Team’s report, showed approximate averages of five, seven and nine minute response times.
  + All call bells over 30 minutes are reviewed each month to understand the reason for the delayed response time and site level follow-up is undertaken where required.
* Acknowledged that one reportable assault was not reported in accordance with the Approved Provider’s obligations and responsibilities and remedial actions have been implemented to address this issue.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I have found the service was unable to demonstrate effective governance systems in relation to workforce governance and regulatory compliance. In coming to my finding I have considered that some consumers and/or representatives are dissatisfied with staffing levels. While the Approved Provider asserts organisational processes effectively monitor unfilled shifts and call bell response times, neither in the Assessment Team’s report nor the Approved Provider’s response is there evidence of outcomes which have resulted in corrective or improvement actions for individual consumers where call bells have exceeded eight minutes. I have also considered the significant number of call bells and sensor alarms in January 2021 which were over a 30 minute duration, however, evidence of follow-up for individual consumers is not apparent. I have also considered the service has not met their responsibilities and obligations in relation to reporting and recording allegations of suspicions of assault in accordance with relevant legislation and guidelines.

For the reasons detailed above I find Churches of Christ Life Care Incorporated, in relation to Aldinga Beach Court, Non-compliant with Standard 8 Requirement (3)(c).

# 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 service has implemented actions to address the deficiencies identified by the Assessment Team. The service should seek to ensure:

* **In** **relation to Standard 3 Requirement (3)(b):**
  + High impact or high prevalence risks associated with consumers’ care is effectively managed. Specifically risks associated with pressure injuries, wound management, behavioural responses and nutrition and hydration.
* **In relation to Standard 7 Requirements (3)(a) and (3)(c):**
  + Staffing levels are sufficient to support consumers with care and services identified as relevant to meet their needs.
  + Staffing skills, competency and knowledge of clinical staff support effective management of consumers’ care, specifically in relation to wound management, responsive behavioural management and management of allegations and/or suspicion of consumer abuse.
* **In relation to Standard 8 Requirement (3)(c):**
  + Ensure staffing levels are reviewed and informed by the service’s monitoring processes, such as call bell response times, including identifying consumer impact where call bells are answered outside the service’s desired timeframe.
  + Ensure allegations and suspicions of consumer assault are managed and reported in accordance with relevant legislative responsibilities and requirements.