Alwyndor Aged Care - City of Holdfast Bay

Performance Report

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**Commission ID:** 6931

**Provider name:** City of Holdfast Bay

**Assessment Contact - Site date:** 1 September 2021

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# 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 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 |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | 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
16 September 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 has been assessed as Non-compliant

The Assessment Team assessed Requirement (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact and have recommended this Requirement not met. The Assessment Team found the service was unable to demonstrate they effectively manage high impact or high prevalence risks associated with the care of each consumer specifically in relation to the management of the risk of falls for three consumers. Three consumers have falls management strategies which are ineffective, and call bells and out of bed alarms are not responded to in a timely manner impacting on their risk of falls. In addition, falls management strategies were not effectively reviewed for three consumers to address their ongoing risk of falls.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have found the service Non-compliant with 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.*

The Assessment Team found the service was unable to demonstrate they effectively manage high impact or high prevalence risks associated with the care of each consumer specifically in relation to the management of the risk of falls for three consumers. Three consumers have falls management strategies which are ineffective and call bells/alarms are not responded to in a timely manner impacting on their risk of falls. In addition, falls management strategies were not effectively reviewed for three consumers to address their ongoing risk of falls. This was evidenced by the following:

In relation to Consumer A:

* Consumer A was assessed seven months prior to the Assessment Contact as a high falls risk.
* Consumer A sustained two falls approximately two months prior to the Assessment Contact and approximately two weeks apart resulting in significant injuries. Between the two falls which caused significant injuries the consumers had a further three falls.
* The representatives of Consumer A expressed not being satisfied with the management of Consumer A’s risk of falls and specifically in relation to sufficiency of staffing to maintain the consumers safety.
* The representatives of Consumer A had been informed all possible falls management strategies had been implemented.
* Consumer A had no new strategies implemented to address their risk of falls following the first fall which resulted in a significant injury and no new falls prevention strategies were implemented. The consumer was diagnosed with a medical condition increasing their risk of falls following return from hospital.
* Significant number of call bell response times over the services key performance indicator.

In relation to consumer B:

* Consumer B was assessed as a high falls risk and documentation records a staff member is to be present to assist for all aspects of the consumer’s transfers and mobility.
* The consumer sustained three falls four months prior to the Assessment Contact. For two of the three incidents, staff were not present when the consumer was mobilising and/or transferring by themselves without staff assistance.
* Significant number of call bell response times over the services key performance indicator.

In relation to Consumer C:

* The consumers has been assessed as a high falls risk and requires one assistance for all aspects of the consumers transfers and mobility.
* The consumer indicated they take themselves to the toilet when they cannot wait any longer.
* For two incidents in the preceding month, the consumer sustained skin tears with evidence indicating the consumer may have been mobilising unaccompanied.
* Following the two incidents, there has been no further reviews of skin care needs or falls prevention strategies or consideration if the skin tears were sustained from mobilising.
* Significant number of call bell response times over the service’s KPI.

Twelve of 15 clinical and care staff interviewed stated they do not have time during some shifts to ensure they are able to adequately monitor consumers who are at high falls risk.

The Approved Provider submitted a response to the Assessment Team’s report and refutes the Assessment Team’s findings. The Approved Provider asserts that they were compliant with the Requirement at the time of the Assessment Contact and submitted the following information and evidence relevant to my finding:

In relation to Consumer A:

* The consumer was responded to within 8 minutes in relation to the first fall where the consumer sustained a significant injury. The response indicates strategies were implemented such as a low-low bed and bedside mat to minimise risk of injury in the event of a roll out of bed. The responses indicates sufficient strategies had been implemented for consumer A and are in line with contemporary best practice. In addition, the consumer had been reviewed by relevant staff following further falls.

In relation to Consumer B:

* One of the three incidents referred to in the report occurred in 2020. Incident forms to confirm this were not provided. The responses indicates sufficient falls strategies had been implemented for consumer B and the consumer was reviewed by relevant staff following falls.

In relation to Consumer C:

* A consumer satisfaction survey completed by the representative of Consumer C indicated they are overall satisfied with the service. The Approved Provider refutes the inference in the Assessment Teams report that the consumer’s skin tears/bruising were caused by the consumer self-ambulating and notes the consumer is administered a medication which predisposes the consumer to bruise easily.

The Approved Provider submitted a plan for continuous improvement in response to the Assessment Teams’ response that includes a number of improvements identified including reviewing the incident management systems and processes, staff education on incident review and reviewing the falls process and procedure.

I acknowledge the Approved Provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the service did not demonstrate effective management of high-impact or high prevalence risks for three consumers who had been assessed as a high risk of falls and had ongoing incidents of falls or other incidents. All three consumers were assessed as a high risk of falls and did not have their high-impact and high prevalence falls risk effectively managed or reviewed.

In coming to my finding, I have noted the service has not identified the increased call bell response times as a contributing risk factor for all three consumers in managing their risk of falls. For all three consumers, I have considered the increased call bell response time as contributing falls risk factor which the service has failed to recognise. In relation to Consumer A, I have noted and considered the weight of evidence in relation to Consumer A, who had experienced two falls which had caused significant injury and history of ongoing incidents of being found on the floor in their room. I acknowledge the service had reviewed Consumer A’s falls management strategies but this was not effective in minimising further falls. In relation to Consumer B, I have noted the consumer had a number of falls whilst the consumer was mobilising and transferring by themselves without staff assistance as outlined in the care and service plan. I acknowledge the service had reviewed Consumer B’s falls management strategies, but this was not effective in minimising further falls. In relation to consumer C, whilst no recent falls had been sustained by the consumer, Consumer C has been assessed as a high falls risk and had indicated to the Assessment Team they take themselves to the bathroom if staff are not available placing the consumer at risk for further falls.

For the reasons outlined above, I find City of Holdfast Bay, in relation to Alwyndor Aged Care - City of Holdfast Bay, Non-compliant with Standard 3 Requirement (3)(b).

# STANDARD 7 NON-COMPLIANTHuman 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 one of the five specific requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(a) in the Standard as not met. The Assessment Team found the service was unable to demonstrate the workforce is planned to enable the delivery and management of safe and quality care and services. Consumers and staff were not satisfied with the adequacy of staffing. Incident and call bell data did not demonstrate the workforce is effectively planned to deliver safe and quality 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 I have found the service Non-compliant with Requirement (3)(d). I have provided reasons for my finding in the specific Requirement 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 the delivery and management of safe and quality care and services. Consumers and staff were not satisfied with the adequacy of staffing. Incident and call bell data did not demonstrate the workforce is effectively planned to deliver safe and quality care and services. This was evidenced by the following:

* Eleven of 18 consumers and representatives interviewed were not satisfied with the adequacy of staff and impact on consumers’ care and services.
* Overall, 12 of 15 clinical and care staff raised concerns about staffing and indicated they do not always have time to answer call bells quickly and spend time with consumers to address their needs, goals and preferences. Staff provided examples such as not being able to always promptly manage consumers who required two staff, managing consumers continence care and toileting program, providing personal hygiene and managing consumers risk of falls.
* Twelve consumers and or representatives expressed ongoing issues with staffing, responding to call bells and spending time with consumers impacting on consumer dignity, health, safety, and wellbeing.
* Four consumers and or representatives said they have experienced lengthy delays in gaining staff assistance when they have used their call bells.
* Call bell data viewed for three consumers who have been assessed as a high risk of falls showed a significant number of call bell/out of bed alerts above the services’ key performance indicator and a number above 15 minutes. All Three consumers had history and ongoing episodes of mobilising without staff assistance. In addition, all three consumers had a history of sustaining injuries whilst staff were not present.

The Approved Provider submitted a response to the Assessment Team’s report and refutes the Assessment Team’s findings. The Approved Provider asserts that the service was compliant with the Requirement at the time of the Assessment Contact and submitted the following information and evidence relevant to my finding:

* Call bell data was provided for two consumers who are at high risk of falls and showed staff responded to call bell alerts within a range of response times. In relation to Consumer A, out of bed alerts ranged from less than 30 seconds to
28 minutes in a one month period. In relation to Consumer B, out of bed alerts response times for a four-day period ranged from less than thirty seconds to 30 minutes. The response indicates and accepts some out of bed alerts are above the services’ key performance indicator but indicates the majority of responses are less than five minutes.
* Call bell response time data for the service which showed the service is monitoring average call bell response time data which is trending lower quarter on quarter for the preceding two years with the most recent quarterly data showing an average response time of 3.80 minutes.
* Clinical structure was reviewed four months prior.
* Provided a training calendar outlining a range of training provided to staff.
* Call bell response times have been reinstated to be discussed at monthly consumer meetings.
* The service benchmarks staffing levels similarly to other care and service providers.
* The Approve Provider acknowledges call bell reporting at consumer meetings have not been consistently undertaken and this has been added to the agenda item.
* A plan for continuous improvement has been commenced in response to the Assessment Teams report including reviewing call bell data, additional recruitment, reviewing the staff roster and educating staff on the call bell procedure.

I acknowledge the Approved Provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the service was not able to demonstrate the workforce is effectively 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 specifically in relation to addressing the needs, goals and preferences of consumers and those who are at risk of falls.

In coming to my decision I acknowledge the service has completed a roster review and has adjusted the roster approximately four months prior. I recognise the service has reinstated discussions at monthly consumer meetings in relation to staffing. I have placed weight on the feedback provided to the Assessment Team from staff, representatives and consumers indicating they are not satisfied with the staffing levels impacting on the delivery of care and services. In addition, I have considered the evidence which indicates for three consumers who have been assessed at high risk of falls, staff response times for out of bed alerts and call bells were not always actioned in a timely manner to deliver safe and effective quality care and services.

For the reasons outlined above, I find City of Holdfast Bay, in relation to Alwyndor Aged Care - City of Holdfast Bay, Non-compliant with Standard 7 Requirement (3)(a).

# STANDARD 8 NON-COMPLIANTOrganisational 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 have been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(d) in the Standard as not met. Specifically, the service has not demonstrated effective risk management systems and practices for managing high impact or high prevalence risks associated with the care of consumers in relation to falls and an effective incident management system to ensure incidents are effectively analysed to identify trends and opportunities for improvement.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have found the service Non-compliant with Requirement (3)(d). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

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

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team have recommended Requirement (3)(d) in Standard 8 as not met. Specifically, the service has not demonstrated effective risk management systems and practices for managing high impact or high prevalence risks associated with the care of consumers in relation to falls and an effective incident management system to ensure incidents are effectively analysed to identify trends and opportunities for improvement.

This was evidenced by the following:

* The Assessment Team asked management if they undertake further analysis of call bell data including out of bed alerts when falls incidents occur; management said they do not, however, would commence doing so. The residential service manager said they do not review sensor alerts as part of falls review process unless a specific concern has been raised.
* Policies and procedures outline the ‘monthly call bell audit’ is to be analysed and investigated, calls that have exceeded the ‘specific agreed threshold as per the monthly call bell report’. However, management did not demonstrate this was occurring.
* The work instruction notes monthly call bell response times are to be discussed in consumer meetings. However, there was no evidence that this was occurring based on meeting minutes provided to the Assessment Team.
* The work instruction identifies a call bell escalation strategy where an out of bed alert or call bell alert is to be escalated to a range of staff and at 9 minutes includes the Residential Services Manager, however this was not effective in managing consumers’ risk of falls and timely response to out of bed and call bell alerts.
* The service has an incident management system, including relevant policy documentation and staff training. However, it was not evident it was effectively used to manage and prevent incidents through timely monitoring of call bell data and out of bed alerts to identify opportunities for improvements. Three consumers who have been Assessed as High Falls Risk had extended call bell response and out of bed alert times.

The service was able to demonstrate supporting consumers to live the best life they can and identifying and responding to abuse and neglect of consumers

* There is a framework and relevant policy and procedure guiding staff to support consumers to live the best life they can, including taking risks to increase enjoyment and quality of life.
* Staff interviewed were able to describe how they support consumers to live the best life they can. Consumers interviewed felt supported by the organisation to make choices about their care and lifestyle, including where their choices may include risk.

The Approved Provider submitted a response to the Assessment team’s report which refutes the Assessments Teams findings. The Approved Provider asserts the service was compliant with the Requirement at the time of the Assessment Contact and has provided the following information and evidence relevant to my finding:

* The Post Falls and Assessment and Management procedure shows when reviewing the Falls Risk Assessment Tool to consider ‘if there are new risk factors that have contributed to the fall or near miss’.
* A summary sheet of response times was provided which showed 508 call bell response times over 20 minutes over a 38 day period approximately 5 weeks after the Assessment Contact.
* The service acknowledges the monthly analysis has not been consistently completed. The service has implemented a continuous improvement activity following the Assessment Contact to ensure analysis is completed for call bell response times greater than a specified threshold.
* A consumer satisfaction survey indicates consumers are overall satisfied with the care being provided.
* A clinical incident report for the month prior to the Assessment Contact shows the service monitors falls data on a monthly basis and trends this information.
* A plan for continuous improvement has been commenced in response to Assessment Team’s report including reviewing the incident management systems and processes, reviewing the falls process and procedure and reviewing the call bell policy and procedure.

I acknowledge the Approved Provider’s response and the additional information provided. Based on the Assessment Team’s report and the Provider’s response, I find at the time of the Assessment Contact, the service was not able to demonstrate effective risk management systems and practices for consumers who are at risk of falls. I find the service was not able to demonstrate effective organisational process used to either directly or indirectly manage consumers’ high impact and high prevalence risks associated with falls and effective use of the incident management systems to identify opportunities for improvement.

In coming to my finding, I find the service did not review its performance following incidents with the potential of causing harm for three consumers to effectively manage their high impact high prevalence risks associated with consumers who are at risk of falls and effectively use their incident management system. To support my view, I have considered the feedback from the service which indicated call bell response times are not normally investigated following incidents to identify or rule out the response times as a contributing factor. In addition, I have noted the work instruction to guide staff practice in relation to call bell escalations to the Residential Services Manager is not effective which is evidence by the significant number of out of bed alerts and call bell response times above the service’s key performance indicator. Finally, I have noted whilst the service has an incident management system and a Post Falls and Assessment and Management procedure, neither of these were effective in ensuring staff reviewed call bell response and out of bed alerts as a possible contributing factor to manage individual consumer’s high impact and high prevalence risk of falls.

For the reasons outlined above, I find City of Holdfast Bay, in relation to Alwyndor Aged Care - City of Holdfast Bay, Non-compliant with Standard 8 Requirement (3)(d).

# 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 have the skills and knowledge to:
	+ Effectively review and implement strategies to manage consumers’ high impact high prevalence risks associated with falls.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to the management consumers’ high impact high prevalence risks

**Standard 7 Requirement (3)(a)**

* Reviews the workforce structure and planning to ensure delivery of safe and quality care and services.
* Reviews staff practice to ensure care and services are delivered according to the needs, goals and preferences of consumers and specifically for consumers who are at risk of falls.

**Standard 8 Requirement (3)(d)**

* Review policies, procedures and processes to ensure;
	+ Effective use of incident management system to identify opportunities for improvement
	+ High impact and high prevalence risks are recognised and addressed.
* Monitor staff compliance with organisational policies, procedures and processes.