AnglicareSA Elizabeth East

Performance Report

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**Commission ID:** 6963

**Provider name:** Anglicare SA Ltd

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

**Date of Performance Report:** 15 January 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** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 12 November 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) and (d) in relation to Standard 3 Personal care and clinical care. All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

The Assessment Team found the service not met in Requirement (3)(b) and (d). Based on the evidence in the Assessment Team’s report and the approved provider’s response I am find the service Compliant in Requirements (3)(b) and (d) in relation to Standard 3 Personal care and clinical care. I have provided reasons for my decision in the relevant Requirements below.

The service has effective systems in place to identify and manage risks associated with the care of consumers and identifies and responds appropriately and in a timely manner when changes in consumers’ condition occurs.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

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

The Assessment Team found the service did not demonstrate it managed the ongoing risks of weight loss for two consumers. Evidence included:

* One consumer had an accumulative weight loss of 22kg and the service did not take any action to monitor the weight loss between January 2020 and May 2020 and did not record fluid and food intake for the consumer since January 2020.
* One consumer had a weight loss of 3.3kg in five months and the service did not appropriately complete the malnutrition risk tool appropriately or monitor ongoing weight loss or food and fluid intake.

The approved provider’s response provides additional information and evidence in relation to the review, monitoring and actions taken in relation to the two consumers identified with weight loss in the Assessment Team’s report. The approved provider’s response disagrees with the finding of the Assessment Team and relevant evidence included:

* One consumer with a 22kg weight loss had a gradual weight loss between January 2020 and May 2020 of 6kg and remained in their healthy weight range. When the consumer’s weight loss continued and was outside the desirable range as assessed by a dietitian the service took appropriate action to monitor, manage and assess the weight loss. Actions included ongoing support and review by specialists, medical officer, dietitian, speech pathologist and palliative care specialists. Ongoing monitoring, reassessment and evaluation of strategies to manage the risk of malnutrition and weight loss occurred and evidence shown the consumer was at end of life and ongoing weight loss was likely to continue and a palliative care approach was required.
* One consumer who had a minor weight loss was monitored through monthly weighs from entry to the service in January 2020. The service identified a minor weight loss in May 2020 and referred the consumer to the medical officer who reviewed and identified a medical reason for the weight loss and appropriate treatment was commenced. The consumer has since gained weight. The service completed nutritional risk screening monthly between July 2020 and October 2020 and acknowledges a reassessment of nutritional needs may have been of benefit in May 2020 when the minor weight loss occurred.

Based on the Assessment Team’s Report and the approved provider’s response I find the service Compliant in this Requirement.

The service completed monthly weight monitoring for consumers which identified weight loss for the two consumers. The service had completed assessments to identify risk of malnutrition and acceptable weight ranges for the consumers.

The service identified when one consumer’s weight loss was outside the acceptable weight range and implemented actions including regular dietitian input and review, increased supplements and assistance with meals and review of the consumer’s health condition. The service established the contributing factors to the consumer’s ongoing weight loss including refusal of food, deteriorating cognitive and physical condition and the consumer being at the end of life. While there is no evidence of food and fluid charting the service had ongoing monitoring, review and assessment including through multiple specialists to manage the risk of malnutrition. The outcome through consultation with the consumer representative and palliative care specialists was adequate oral intake would be difficult to achieve, further weight loss was to be expected and the consumer required comfort care.

The service managed one consumer’s minor weight loss through referral to a medical officer which identified and managed the underlying medical condition for the weight loss. The service acknowledges additional nutritional assessment could have been completed at the time of the minor weight loss. However, the risk of further weight loss was managed effectively, and ongoing monitoring has occurred.

The service has systems in place to appropriately identify and monitor risks of weight loss or malnutrition for consumers. The service implemented appropriate actions in response to the individual consumers’ needs and condition at the time significant or accumulative weight loss was identified.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team found the service did not demonstrate the service recognised or responded appropriately to changes in two consumers’ pain needs and one consumer’s continence needs. Evidence included:

* One consumer experienced pain following a fall in May 2020 which was not managed effectively and pain in June 2020 secondary to shingles which was not managed effectively. Progress notes show the consumer had complaints of pain.
* One consumer had ongoing pain secondary to a prolapse which was not managed effectively.
* One consumer did not have changes in continence managed and the risks to skin breakdown were not considered in relation to the incontinence.

The approved provider’s response provided additional evidence in relation to the management of the consumers’ identified by the Assessment Team. The approved provider’s response disagrees with the Assessment Team finding and provided the following relevant evidence:

* The consumer with pain from a fall and shingles had their changes in pain identified and managed in a timely manner. The consumer did not have a fall but the service identified a deterioration in mobility and increase in pain and a full review including x-rays, medical officer, pain assessment, occupational therapist and use of ‘as required’ medication occurred to monitor and manage the change in the consumer’s condition. The shingles was identified and responded to in a timely manner including medical review and appropriate medications to treat the shingles and associated symptoms. There is evidence of ongoing pain assessment and charting when changes in pain medication occurred.
* The consumer with pain secondary to a prolapse had the prolapse condition identified on the care plan and staff were aware of the consumer’s preferences in managing the associated discomfort. The service implemented review of the condition including medical officer review and the consumer refused additional treatment. The consumer’s pain was managed effectively through regular and as required pain-relieving medications.
* The consumer with changed continence, had the continence needs identified and appropriate aids were documented to guide staff in assisting to manage the continence in line with the consumer’s preferences. The consideration to the breakdown of skin had been assessed and the service had ongoing monitoring due to a history of skin breakdown. The service has implemented a review of continence with the consumer to identify any further improvements required.

Based on the Assessment Team’s report and the approved provider’s response I find the service Compliant in this Requirement.

The service has effective systems to identify changes and deteriorations in consumers’ condition and responds in a timely and appropriate manner.

The service demonstrated they have appropriately identified changes in consumers’ condition and implemented appropriate actions to review and manage the changes. Consumers’ with pain had current appropriate pain management plans in place and the service implemented appropriate strategies including review by specialists and medical officers and administered ‘as required’ pain relieving medications to manage changes or increases in consumers pain. The consumer with continence changes, had ongoing review of the continence and appropriate strategies in place. The service has demonstrated monitoring of consumers is effective at identifying changes and implementing appropriate responses.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

# STANDARD 8 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 Assessment Team assessed Requirement (3)(d) in relation to Standard 8 Organisational governance. All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

The service has a risk management system supported by the wider organisation’s policies, procedures and guidelines. Risks associated with consumers care are identified through assessments, incident reports and meetings and are managed effectively through the implementation of appropriate strategies. Systems to identify and respond to elder abuse and neglect are effective staff interviewed and documentation viewed demonstrated staff practice is in line with the organisation’s policies.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) 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.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.