AnglicareSA Elizabeth East

Performance Report

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**Commission ID:** 6963

**Provider name:** Anglicare SA Ltd

**Assessment Contact - Site date:** 14 October 2021

**Date of Performance Report:** 26 November 2021

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# 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** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 management
* the provider’s response to the Assessment Contact - Site report received 4 November 2021

the Performance Report dated 2 July 2021 for the Site Audit conducted 10 May to 12 May 2021.

# 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)(a) in relation to Standard 3 Personal care and clinical care. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

The Assessment Team were not satisfied the service demonstrated each consumer gets safe and effective personal and/or clinical care, that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to wound management. The Assessment Team have recommended Requirement (3)(a) not met.

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 Anglicare SA Ltd, in relation to AnglicareSA Elizabeth East, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team were not satisfied the service demonstrated each consumer gets safe and effective personal and/or clinical care, that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to wound management. The Assessment Team’s report highlighted two consumers and provided the following evidence relevant to my finding:

Consumer A

* The consumer has a pressure injury which was first identified in November 2020 as a stage 2.
* Clinical staff stated from November 2020 to September 2021, the pressure injury has periodically improved to a stage 1 then reverts to a stage 2.
* Over this period, the chronic wound has shown no signs of healing completely and a referral to a wound specialist has not been initiated for review and recommendations.
* The consumer indicated the pressure injury is painful and not effectively managed with analgesia. The consumer also indicated they are not being repositioned two hourly as indicated in the care plan.
* Progress notes for a 10 day period in September 2021 indicate repositioning was not attended two hourly as outlined in the consumer’s care plan.
* Progress notes in September 2021 indicate the pressure injury deteriorated from a stage 1 to 2. No information is provided in relation to the cause of the deterioration.
* A dignity of risk assessment completed in October 2021 indicates the consumer is resistive to pressure area care and does not wish to be repositioned at night. Additionally, the assessment indicates risks of this have been explained to the consumer.
* The assessment is not dated or signed to indicate risks associated with refusal of repositioning were discussed and consented to by the consumer. No information is provided as to why the consumer does not want to be repositioned or if the Medical officer has discussed that importance of repositioning to prevent reoccurring pressure injuries.

Consumer B

* A Wound assessment dated February 2021 indicates the consumer has a stage one pressure injury on the foot.
* A Wound assessment dated May 2021 states the wound has failed to progress or respond to treatment over the normal expected healing time. The wound was reviewed by specialist services in June 2021 and recommendations initiated.
* A wound summary dated May 2021 indicates the pressure injury is a stage 3. No information is provided to indicate the representative was notified of the stage 3 pressure injury or if a pain assessment was completed.
* A wound assessment dated August 2021 indicates the consumer has an unstageable wound on the bottom of the foot (first identified in February 2020) and another between the toes.
* A referral was made to specialist wound services in May 2021 in response to the wound between the toes deteriorating to a stage 3 pressure injury.
* A care plan dated August 2021 indicates two hourly reposition is to be implemented. However, charting for a 14 day period in October 2021 indicates pressure area care was not attended to within this timeframe.

The provider indicated they are confident there are no systemic gaps in service delivery and practice in relation to the points raised in the Assessment Team’s report. The provider stated they are confident the not met recommendation is not warranted and the Standard is met based on the evidence provided in the response. The response included supporting documentation directly relating to evidence highlighted in the Assessment Team’s report and also acknowledged areas for improvement. The provider’s response included, but was not limited to:

In relation to Consumer A

* The wound was correctly assessed as a stage 2 pressure injury. However, acknowledge there are two occasions where the wound was incorrectly identified as a stage 1 and this should have been noted as a previously healed stage 2 pressure injury. This has not affected the outcome for the consumer. The stage 2 pressure injury had previously healed following implementation of a comprehensive wound management treatment plan.
* Since the Assessment Contact, a wound management update, specifically relating to pressure injury management, is currently underway for staff as part of the service’s regular education update.
* There was no requirement for a specialist referral. Documentation included in the response demonstrates the pressure injury has been previously resolved with effective wound management plan and interventions.
* Acknowledge there are a small number of occasions where documentation of repositioning was not completed. To mitigate risk of reoccurrence, an independent repositioning chart is being implemented.
* Evidence relating to the consumer’s wish not to be repositioned is evidenced in the Dignity of risk assessment dated October 2021, prior to the Assessment Contact. It was an oversight that the assessment completed in October 2021 was not signed. A reflective practice has been issued to the staff member. The assessment was again updated in November 2021 and a copy provided to the consumer to review and sign.
* The assessment dated October 2021 demonstrates risks related to the consumer’s choice of not being repositioned are noted. The assessment completed in November 2021 expands on these risks and risk reduction strategies.

In relation to Consumer B

* The incident report for the wound identified in February 2021 indicates the Medical officer and representative were advised.
* The incident report for February 2021 indicates the representative was not ‘available at the time of the report’. However, four other incident reports provided indicate the Medical officer and representative were notified on each of these occasions.
* A referral to a specialist was initiated in May 2021 when the wound continued to deteriorate. There was a delay from the date of referral to the visit. The specialist has since been involved in the consumer’s wound management, however, the wounds remain chronic in nature and difficult to heal.
* Acknowledge documentation relating to interventions and care provided is not clearly documented. As a result, additional clinical documentation training for care staff has been scheduled for December 2021. Until this occurs, management and clinical staff will continue to provide supervision to care staff.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. In coming to my finding, I have considered that the evidence presented does not indicate wound management was not effective for the two consumers highlighted. In relation to Consumers A and B, information included in the Assessment Team’s report and the provider’s response demonstrates the consumers’ pressure injuries have been appropriately managed.

In relation to Consumer A, wound assessments, including pressure injury risk assessments, have been regularly completed and the area has been and continues to be closely monitored. While I acknowledge progress note entries do not demonstrate pressure area care has been attended to in line with the consumer’s care plan, care staff sampled demonstrated knowledge of the consumer’s care needs and preferences, in line with management strategies documented in the care plan, including frequency of repositioning. Additionally, a Dignity of risk assessment dated October 2021 indicates the consumer does not wish to be repositioned overnight and the potential risks have been explained. I note that an updated Dignity of risk form completed in November 2021 includes more detailed information outlining the potential risks relating to lack of repositioning and this has been accepted and signed by the consumer.

In relation to Consumer B, wound management documentation included in the provider’s response demonstrates pressure injuries have been consistently monitored and input of specialist services has occurred. In coming to my finding, I have considered information included in the Assessment Team’s report demonstrating on identification of wound deterioration, referral to specialist services was initiated and recommendations incorporated into the consumer’s care. There is evidence the service have communicated changes of the consumer’s changing condition with the representative, skin integrity and pressure injury risk assessments have been completed and strategies to minimise the consumer’s risk of pressure injuries implemented. Additionally, progress notes indicate pain charting and assessments have been implemented and the consumer’s pain is being addressed. While I acknowledge charting did not demonstrate pressure area care had been attended to in line with the consumer’s care plan, care staff sampled demonstrated knowledge of the consumer’s care needs and preferences, including in relation to management of skin integrity and pain, in line with management strategies documented in the care plan.

For the reasons detailed above, I find Anglicare SA Ltd, in relation to AnglicareSA Elizabeth East, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# STANDARD 4 Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team assessed Requirement (3)(f) in Standard 4 Services and supports for daily living as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(f) in Standard 4. This Requirement was found Non-compliant following a Site Audit conducted 10 May 2021 to 12 May 2021 where it was found nine of 15 consumers/representatives were not satisfied with the quality of the meals. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(f) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Anglicare SA Ltd, in relation to AnglicareSA Elizabeth East, Compliant with Requirement (3)(f) in Standard 4 Services and supports for daily living. I have provided reasons for my findings in the specific Requirement below.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The service was found Non-compliant with Requirement (3)(f) following a Site Audit conducted 10 May 2021 to 12 May 2021 where it was found nine of 15 consumers/representatives were not satisfied with the quality of the meals. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Conducting audits of food temperature at key stages of food production, plating, storage, and delivery.
* Trialled and purchased mobile hot boxes to ensure consistent meal temperatures are maintained.
* Introduced flexible mealtimes for consumers and additional care staff hours at mealtimes.
* Reviewed menu options and identified suitable options for consumers for culturally and linguistically diverse backgrounds.
* Food focus group meetings are being held fortnightly with consumers and representatives.
* Conducted a dining and meal survey with results indicating overall, consumers are happy with the meals as meals and the dining service have improved.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* All consumers sampled considered that they are provided with meals that are varied, of suitable quality and quantity and provide them with their nutritional requirements.
* Care files sampled demonstrated information relating to consumers’ dietary needs and preferences, including allergies, likes, dislikes, is obtained on entry and on an ongoing basis and incorporated into care plans.
* Hospitality and care staff sampled indicated they were aware of consumers’ needs and preferences and where to obtain this information.
* Hospitality, clinical and care staff described dietary needs and preferences for sampled consumers.
* Consumers in all areas of the service were observed to be enjoying the dining experience.

For the reasons detailed above, I find Anglicare SA Ltd, in relation to AnglicareSA Elizabeth East, Compliant with Requirement (3)(f) in Standard 4 Services and supports for daily living.

# 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)(e) in Standard 8 Organisational governance as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(e) in Standard 8. This Requirement was found Non-compliant following a Site Audit conducted 10 May 2021 to 12 May 2021 where it was found the service did not demonstrate an effective clinical governance framework, specifically in relation to minimising use of restraint and open disclosure. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(e) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Anglicare SA Ltd, in relation to AnglicareSA Elizabeth East, Compliant with Requirement (3)(e) in Standard 8 Organisational governance. I have provided reasons for my findings in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The service was found Non-compliant with Requirement (3)(e) following a Site Audit conducted 10 May 2021 to 12 May 2021 where it was found the service did not demonstrate an effective clinical governance framework, specifically in relation to minimising use of restraint and open disclosure. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed minimising the use of restraint procedure documents to reflect regulatory changes and provide guidance to staff.
* Reviewed chemical restraint assessment and authorisations in line with new legislative requirements and changed chemical restraint reviews timeframes.
* Implemented Behaviour support plans for all consumers with chemical restraint.
* Provided information to staff in relation to new legislative requirements relating to restrictive practices.
* Discussed and promoted minimisation of the use of chemical restraint with Medical officers.
* Implemented a psychotropic medication register and improved reporting and monitoring processes of all medications, including antipsychotics.
* Implemented a local Medication advisory committee. Use of psychotropic medication is a standing item
* Two clinical staff described receiving information in relation to the new policy, the use of restraint as last resort, trialling other alternatives prior to administering medication, ongoing monitoring and evaluation of restraint and discussion of restrictive practice at clinical meetings. One of these clinical staff advised a few consumers at the service have chemical restraint but no other type of restraint is used.
* A procedure relating to Open disclosure is in place to guide management and staff practice.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The organisation has an effective clinical governance framework, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure.
* Clinical staff described processes to minimise the use of restrictive practices and stated they had received information relating to new policy documents relating to minimising use of restraint.
* Clinical staff were familiar with open disclosure principles and described open disclosure processes in line with the organisation’s processes.
* Policy and procedure documents relating to antimicrobial stewardship are available to guide staff practice.
* Information relating to antibiotic awareness has been provided to consumers, staff and Medical officers.
* Use of antimicrobials and trends are monitored and reported on through various meeting forums.
* Clinical staff were familiar with antimicrobial stewardship principles.

For the reasons detailed above, I find Anglicare SA Ltd, in relation to AnglicareSA Elizabeth East, Compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# 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.