AnglicareSA Elizabeth East

Performance Report

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**Commission ID:** 6963

**Provider name:** Anglicare SA Inc

**Assessment Contact - Site date:** 30 June 2020

**Date of Performance Report:** 13 August 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(b) | 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 consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 22 July 2020.

# STANDARD 3 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 Quality Standard is assessed as Compliant as one of the seven specific Requirements has been assessed as Compliant. The Assessment Team assessed Requirement (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant at an Assessment Contact – Site on 3 December 2019 and again following an Assessment Contact - Desk conducted 19 March 2020.

The Assessment Team assessed Requirement 3(b) in relation to Standard 3. The Assessment Team were not satisfied the service demonstrated effective processes in relation to wound and weight management. The Assessment Team have recommended Requirement 3(b) is not met. I have come to a different view from the Assessment Team’s recommendation and find the service meets this Requirement. I have provided reasons for my decision below.

At an Assessment Contact conducted 19 March 2020, in relation to Standard 3 Requirement (3)(b), the Decision Maker found the service did not have effective assessment or monitoring processes to ensure two consumers identified with stage two pressure injuries had further reassessments undertaken and new pressure area prevention strategies implemented to prevent further skin breakdown in line with the service’s guidelines. The service was unable to identify whether pressure area care was given to the consumers as stated in the care plan as there was no evidence recorded to reflect pressure area care or further monitoring mechanisms provided. Additionally, care plans viewed by the Assessment Team included contradictory pressure area care directives.

### In relation to Requirement (3)(b), the service has implemented a range of actions to address the deficiencies identified which I have detailed below.

### 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 organisation did not adequately demonstrate that wound management practices are consistent with the service’s processes. Additionally, the service did not demonstrate appropriate weight management for one consumer. This was evidenced by the following:

* Wound assessment fields on the service’s electronic care system were not completed and inconsistent measurements and classification of wounds were noted for one consumer.
* Skin infections not recorded, treated or monitored as wounds.
* A wound log recorded two wounds, however, the consumer had three wounds.
* A single wound chart is in place for a consumer who had two wounds on the same area.
* A consumer who has a significantly low weight and body mass index which may indicate their nutritional needs are possibly not being met.

The Assessment Contact report included information relating to a wound for one consumer, described by the Assessment Team as not being consistently assessed, managed or the skin integrity care plan updated in line with the service’s wound management procedure. The approved provider did not agree with the Assessment Team’s findings and their response included evidence which differed from evidence collected by the Assessment Team in relation to wound management for this consumer. The response provided further context and clarification of the wound including, assessment, classification, management and pressure area management strategies. Additionally, the approved provider’s response provided further clarification of wound measurements, which differed from the Assessment Teams, and indicated improved wound status.

The Assessment Team’s report included information relating to a skin abscess for one consumer, described by the Assessment Team as not recorded, treated or monitored as a wound through the wound management system. However, the Assessment Team’s report indicated the area was being monitored by the Medical officer and staff, and oral and topical antibiotic treatments were prescribed. The approved provider did not agree with the Assessment Team’s findings and their response provided further context and clarification of skin integrity management for this consumer. The approved provider’s response acknowledged the abscess was not assessed as a wound, however, the area was identified as a skin infection, and the Assessment Team’s report demonstrated appropriate management strategies were implemented. Additionally, the approved provider’s response indicated the area has since resolved.

The Assessment Team’s report outlined information relating to wound management for one consumer which the Assessment Team described as not accurately reflecting the consumer’s current wound status. The Assessment Team’s report indicated the service’s wound log recorded two wounds, however, wound treatment records indicated the consumer had three wounds. The approved provider did not agree with the Assessment Team’s findings and their response provided further context and clarification of the wounds. The approved provider’s response indicated the third wound was initially treated as a skin infection and a wound treatment chart was commenced when deterioration of the area was noted. The Assessment Team’s report indicated a reassessment was completed in response to the deterioration and the wound treatment pathway was updated.

The Assessment Team’s report described two wounds for one consumer, a stage 1 pressure injury and a skin tear as being logged as a single stage two sacral wound. The wound chart referred to two wounds on the buttocks, however, the report noted the wounds had always been dressed, treated and reassessed as one wound. The approved provider did not agree with the Assessment Team’s finding that the consumer’s care was compromised, and I note the Assessment Team’s report does not indicate the wounds are not being managed appropriately. The approved provider agreed with the Assessment Team’s report relating to wound management charting and provided actions taken since the Assessment Contact. The approved provider’s response also indicated the service has investigated the consumer’s wound management and noted the skin breakdowns are on the same anatomical position, both are stage 2 pressure injuries, are treated with the same products and due to their proximity, are treated at the same time. The response indicated the single wound chart is due to the service’s electronic reporting system and as a learning, the service provided further instructions for staff. Additionally, the service created two charts, one for each wound.

The approved provider’s response acknowledged that system and process improvements through the implementation and transition to the electronic wound assessment and charting are continuing to be embedded.

The Assessment Team’s report described significantly low weight and body mass index for one consumer and indicated the consumer’s nutritional needs were possibly not being met. The consumer has had a gradual weight loss over the past six months. Additionally, the Assessment Team’s report indicated the consumer had been reviewed by a Dietitian on two occasions, is monitored the Medical officer and makes their own decisions about what and how much they eat. The approved provider did not agree with the Assessment Team’s report and their response provided further clarification of the consumer’s nutrition and hydration management. The approved provider’s response indicated all Dietitian recommendations are in place as agreed to by the consumer. Additionally, information provided in the response indicated the consumer has been informed of the weight loss and the need for an adequate diet, however, the consumer has made choices to continue with the current dietary plan and nutritional supplements. The approved provider has taken the Assessment Team’s suggestion of initiating a Dignity of Choice form for the consumer which is now in place.

The Assessment Team’s report, and the approved provider’s response provided evidence of actions taken to address deficiencies identified at the Assessment Contacts conducted 3 December 2019 and 19 March 2020, including:

* A new electronic wound assessment and wound charting process has been implemented. The approved provider’s response acknowledged the electronic wound documentation process is still being embedded.
* The new system allows access to an ongoing dashboard report that provides live wound data, continuous wound charting and ability to identify trends.
* New processes, including the electronic wound chart are being trialled across the organisation. All information has been entered into the system and staff have been provided computers for data entry and upload of photographs.
* A new Operational procedure for wound management was trialled in May and approved in June 2020. The procedure includes a new wound process flow chart. The documents were implemented in conjunction with the new electronic wound charting system.
* A survey report dated June 2020 indicated staff were supportive of the revised wound process, ongoing feedback is collated, and wound management charts audited.
* An additional eight hours a week for Registered nursing staff have been allocated to one area of the service and an Enrolled nursing position was replaced with a Registered nurse to support wound management.
* Wound management process audits are conducted on a fortnightly basis. Audit results for 28 June 2020 viewed by the Assessment Team demonstrated issues are identified and actions are initiated in response to audit outcomes.
* A compulsory education session relating to promoting healthy skin was provided to clinical staff in May 2020.
* Wound training sessions previously put on hold due to COVID-19 have commenced. The first session was held in May with further sessions scheduled in July and August 2020.
* A toolbox session in relation to preventing pressure injuries was provided to care staff in April 2020. Sixty-eight per cent of staff completed this training face to face. The remainder of staff have been provided with a hardcopy of the session outline.
* Weekly Registered and Enrolled nurse meetings have been introduced to identify and discuss high risk consumers. Areas discussed include wounds, pain, falls and behaviours.
* Nine consumers with chronic wounds have been referred to a wound specialist. Documentation included in the approved provider’s response demonstrated specialist recommendations have been implemented.
* Care alert forms have been introduced and outline changes to consumer care relating to high impact or high prevalence risks, including nutrition, continence, pain and skin. Changes to consumer care are discussed at handover.
* Consumers at high risk of pressure injuries are identified on the 28-day handover sheet to alert staff to refer to care plan for management strategies.

Based on the Assessment Team’s report and the approved provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service is Compliant with this Requirement. I acknowledge the Assessment Team’s report indicates some gaps in the service’s wound management documentation. However, the Assessment Team’s report does not indicate these gaps have impacted on consumers. The report indicates wounds for consumers identified by the Assessment Team are being appropriately assessed, monitored and managed.

Additionally, the Assessment Team’s report indicates the service are actively monitoring wound management processes. An audit report dated 28 June 2020 viewed by the Assessment Team demonstrates identification of issues relating to documenting wound progression, classification of skin tears, monitoring of active and resolved wounds and reviewing wound photographs; actions to address these areas have been implemented.

# 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.