Annie Lockwood Court

Performance Report

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**Commission ID:** 6131

**Provider name:** Kindred Living (Formally Whyalla Aged Care Inc)

**Assessment Contact - Site date:** 17 November 2020 to 23 November 2020

**Date of Performance Report:** 11 March 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 |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | 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 14 December 2020.

# 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 Quality Standard is assessed as Non-compliant as two of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(b) and (3)(g) in this Standard, all other Requirements in this Standard were not assessed.

The Assessment Team have recommended Requirement (3)(b) and (3)(g) in this Standard as not met because the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer or that effective actions were taken to minimise infection related risks. 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 Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, to be Non-compliant with Requirements (3)(b) and (3)(g) in this Standard. I have provided reasons for my finding in the respective Requirements 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 did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to risks associated with pressure injuries, wound care and falls for two consumers. The Assessment Team provided the following information and evidence relevant to my finding:

* One consumer (Consumer A) did not have a pressure injury effectively managed with the pressure injury significantly deteriorating to a stage four pressure injury in a short period. The consumer’s pressure area care strategies were not effectively implemented, and the deteriorating wound was not reviewed by a wound specialist in a timely manner. The consumer also had other clinical issues such as malnutrition, pain, infection, incontinence and a chronic skin condition which were not effectively considered when treating the pressure injury.
  + Progress notes, interviews with staff and wound documentation indicated the consumer’s pressure injury wound continued to deteriorate and/or not show signs of healing for approximately two months and had an infection identified, without clinical staff seeking wound specialist review in a timely manner.
  + Assessments, progress notes and wound charts indicate the consumer was at high risk of pressure injury and had skin abnormality which was in the same region as the pressure injury. However, the service was unable to demonstrate how staff effectively monitored this skin abnormality.
  + The consumer’s pressure area care strategies were not updated following the identification of the stage two pressure injury. Additionally, when the pressure injury had deteriorated to a stage three pressure injury, progress notes and staff interviews indicate an air mattress used as a pressure area care strategy had not been used effectively. The pressure injury deteriorated to a stage four pressure injury soon after.
  + Progress notes indicate clinical staff did not respond to signs of infection in the pressure injury in a timely manner.
  + Wound charts and progress notes indicate the consumer experienced significant pain associated with the pressure injury including during dressing changes, however, the consumer’s pain was not consistently assessed or had pain relief administered prior to wound dressing changes.
  + Progress notes indicate nutritional support to aid in effective wound healing was not implemented a timely manner and a dietitian did not review the consumer in a timely in accordance with the dietitian’s directives, the consumer’s weight loss and assessments of malnourishment.
  + Progress notes and staff interviews indicate the consumer constantly wriggles in bed due to a chronic skin condition, which has caused the consumer to fall out of bed several times and produce a bald patch on the back of the consumer’s head. However, the service did not demonstrate effective interventions to manage this condition were implemented, considering the constant wriggling may have been impacting on the pressure injury.
  + Progress notes indicate continence aids were not always effective in managing the continence needs of the consumer, however, the service was unable to demonstrate effective reassessment or evaluation following several incidents of the continence aid being ineffective, which potentially impacted upon the pressure injury.
* One consumer (Consumer B) who had a history of falls and has been assessed as requiring assistance mobilising, was observed by the Assessment Team to be walking around unaided. The Assessment Team also observed, and staff interviews confirmed the consumer is settled in bed, with the bed in the lowest position to the floor to prevent the consumer from getting up and falling. However, there is no restraint assessment or authorisation for this practice.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement to rectify the identified issues, and actions related to this Requirement include (but are not limited to):

* Reviewed and updated the wound management procedure to include reference to wound specialist referrals, pain management, nutrition and enhanced assessment for chronic wounds, including ongoing monitoring of wound charts and early review of pressure injuries by senior clinical staff.
* Reviewed repositioning monitoring and review processes, including the introduction of a weekly air mattress audit and immediate review of any changes to consumers’ skin integrity by senior clinical staff.
* Development of a spreadsheet to support monitoring and review of consumers’ risks, including wounds, pressure injuries and nutrition, including reassessing all consumers’ risk associated with nutrition and wounds.
* In relation to Consumer A, the service confirmed with a wound specialist from a tertiary hospital that the current wound care regime for Consumer A was appropriate and the medical officer is reviewing the consumer’s pain regime. The consumer has been reviewed by a dietitian. Silk pillowcases have been implemented which has supported the consumer to be more settled and hair growth has been observed on the back of the consumer’s head.
* Clinical staff have been provided with wound prevention, wound care, continence, and risk assessment training.
* Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Assessment Contact, the service had not effectively managed high impact or high prevalence risks associated with the care of two consumers. In coming to my finding, I have considered several deficiencies in clinical staff practice in identifying and managing risks associated with Consumer A’s risk of pressure injuries, including not considering factors which may have contributed to the deterioration and/or non-healing of the pressure injury. Additionally, clinical staff did not implement effective wound management and monitoring processes for Consumer A’s pressure injury, including seeking a wound specialist review in a timely manner. I have also considered staff practices used to minimise Consumer B’s risk of falls constitutes the use of physical restraint and has not been appropriately risk-assessed, monitored or used in the context of the legislative requirements for using physical restraint as outlined in the *Quality of Care Principles 2014.*

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 3 Requirement (3)(b).

### Requirement 3(3)(g) Non-Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team found the service did not implement effective actions to minimise infection related risks. The Assessment Team provided the following information and evidence relevant to my finding:

* Progress notes, assessments and other clinical documentation indicates a consumer had a rash, agitation and itching on their body which was not effectively monitored, and which deteriorated and did not fully resolve for several months. While, treatment has been implemented on two occasions for a suspected infection and other interventions trialled, pathology tests taken did not support accurate diagnosis and treatment. Additionally, assessment processes have not always been completed when the consumer was experiencing itching and agitation and the consumer was not referred for specialist review for several months.
  + All other consumers residing in the same area as this consumer, had been treated at some point over the several months for potentially the same infection, however, consumers did not have confirmed diagnoses. Additionally, multiple staff working in the area presented with symptoms of skin infections but did not have any pathology testing to support effective treatment and monitoring of a potential infectious outbreak in the area.
* Progress notes indicate a consumer did not have effective pathology testing to support the implementation of effective treatment for a rash found over their whole body in a timely manner. While staff did initially take and send a pathology specimen when the rash was first identified, this specimen was found unsuitable by the pathology laboratory to be tested for relevant infections. A follow-up pathology test was not completed until approximately seven weeks later.
* Progress notes indicate clinical staff did not respond to signs of infection in a consumer’s wound for three days.
* Interviews with management and the service’s outbreak management plan and COVID-19 folder indicates the service does not have an effective outbreak management plan.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement to rectify the identified issues, and actions related to this Requirement include (but are not limited to):

* Reviewed and updated the skin care policy to include referrals to medical officers and recommendations of pathology testing.
* Provision of education in relation to wound management, infection control, including staff receiving a copy of the wound care procedure to support identification of signs of infections in wounds.
* Management have reviewed consumers’ skin conditions and observed that all consumers’ skin rashes have resolved.
* The COVID-19 procedure and outbreak checklist has been reviewed, including updating the hard copy resource folder, floorplans with outlined zoned areas and staffing plan.
* Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Assessment Contact, the service did not effectively monitor or treat consumers presenting with signs of infection in a timely manner, impacting on processes used to minimise the risk of transmission. I have considered that several consumers and staff residing and working in one area of the service presented with the same and/or similar signs of infection, however, processes to identify a causative infection were not effective. I have also considered that the service’s COVID-19 outbreak management plan did not contain sufficient information to support infection control and staff management in the event of potential COVID-19 outbreak.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 3 Requirement (3)(g).

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

The Assessment Team assessed Requirement (3)(b) in this Standard, all other Requirements in this Standard were not assessed.

The Assessment Team have recommended Requirement (3)(b) in this Standard as not met because the service was unable to demonstrate the service environment is safe, clean, well maintained and comfortable. 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 Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, to be Non-compliant with Requirements (3)(b) in this Standard. I have provided reasons for my finding in the respective Requirement below.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team found the service was unable to demonstrate the service environment is safe, clean, well maintained and comfortable. The Assessment Team provided the following information and evidence relevant to my finding:

* The service did not demonstrate effective preventative and reactive strategies to prevent feral cats from entering the service, including the service not contacting the council on two occasions in 2020 when feral cats were sighted and not undertaking daily external inspections for animal excrement.
  + A consumer advised feral cats are entering the service’s outdoor living area and some consumers are feeding them. The consumer has observed the cats to leave excrement in the area which causes the area to smell in the heat of summer.
* The service did not demonstrate effective processes to ensure stained carpets are cleaned and stains removed permanently. The Assessment Team observed carpets in corridors of three different areas were worn and/or had large stains.
* A deep clean of one area of the service was not completed following an infectious outbreak and the service’s policy and procedure relating to deep cleaning did not include sufficient guidance for staff. However, staff indicated they were verbally instructed in the steps of conducting the deep clean.
* Pest control inspections or treatments were not completed in accordance with organisational requirements for the preceding 12 months.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. However, the Approved Provider disputes the Assessment Team’s findings in relation to staff not completing a deep clean of an area following an infectious outbreak. The Approved Provider provided evidence to support that this area was deep cleaned. The Approved Provider’s response includes a plan for continuous improvement to rectify the identified issues, and actions related to this Requirement include (but are not limited to):

* A cat trap has been deployed and a new register developed, with daily monitoring.
* Communication to consumers and representatives have been sent to remind them not to feed the cats.
* The pest management procedure was updated to include cat management processes, with additional strategies implemented to deter the cats.
* A new carpet cleaning machine was trialled and was found to be effective. This machine has subsequently been purchased. Staff training and induction for this new carpet cleaning machine has commenced.
* The service provided evidence of several pest inspections and/or treatments conducted in the preceding 12 months.
* Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team and the additional information provided in relation to deep cleaning of an area following an infectious outbreak and evidence supporting routine pest control. However, I find at the time of the Assessment Contact, the service did not ensure the service environment was clean, well maintained and comfortable. I have considered the Assessment Team’s observations of some carpeted areas of the service which found carpets to be stained and worn and interventions to rectify the carpet issues have not been effective. I have also considered the service has not effectively implemented or considered interventions to manage a long-standing issue in relation to feral cats which are entering the service and have impacted one consumer’s comfort. I acknowledge the service has been working with the local council to rectify the issue, however, effective strategies and monitoring processes have only been implemented following the Assessment Contact.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 5 Requirement (3)(b).

# 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 an action plan to address the deficiencies identified by the Assessment Team and have included improvements which directly address the issues identified by the Assessment Team.
* The service should seek to ensure the following:
* In relation to Standard 3 Requirement (3)(b) and (3)(g):
  + Consumers high impact or high prevalence risks associated with the care of consumers is effectively managed, specifically in relation to risks associated with pressure injuries, pain, nutrition, falls and continence.
  + Ensure consumers with indications of infections are effective monitored and appropriate actions taken to identify infections and treat them accordingly.
* In relation to Standard 5 Requirement (3)(b):
  + The service environment is clean, well maintained and comfortable, specifically in relation to the carpeted areas of the home and the external living environment.