Bert England Lodge

Performance Report

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**Commission ID:** 7191

**Provider name:** City of Rockingham

**Assessment Contact - Site date:** 27 October 2021

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# Performance report prepared by

Janine Renna, 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-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 staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received on 18 November 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 non-compliant as one of the two Requirements assessed has been found non-compliant. The Assessment Team assessed Requirements (3)(a) and (3)(b) in this Standard. All other Requirements in this Standard were not assessed at the Assessment Contact.

The Assessment Team recommended the service did not meet Requirement (3)(a) in this Standard. The Assessment Team was not satisfied the service demonstrated each consumer gets safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to skin integrity, chemical restraint and swallowing difficulties.

The Assessment Team recommended the service meets Requirement (3)(b) in this Standard. The Assessment Team was satisfied the service demonstrated high impact or high prevalence risks associated with the care of each consumer is effectively managed.

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 the service non-compliant with Requirement (3)(a) and compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my findings under the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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 was not satisfied the service demonstrated each consumer gets safe and effective clinical care that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to management and monitoring of skin integrity, chemical restraint and risk of choking. The Assessment Team provided the following evidence relevant to my finding:

Skin integrity

* Despite having a history of skin impairment, the consumer was not monitored to ensure their skin care and continence was being managed in accordance with their needs.
* Documentation demonstrated the commencement of wound care and photographs following the identification of a stage two pressure injury and skin erosion. However, continence and skin assessments were not conducted to maintain the consumer’s continence needs and skin integrity.
* The consumer reported an area on their body was painful and itchy, and they sit in their wheelchair on a white sheet during the day. The consumer confirmed staff apply cream to the area when they remember.
* At the Assessment Contact, the Assessment Team observed the consumer sitting in their wheelchair during the morning and at the end of the day and noted there was no padded seating or cushion on their wheelchair.
* Management reported the occupational therapist is undertaking assessment of the consumer and planning to provide cushioning for their chair and additional funding for a new wheelchair.

Chemical restraint

* One consumer prescribed as required (PRN) psychotropic medication did not have a behaviour support plan (BSP) as at 1 September 2021, as required by the *Quality of Care Principals 2014*.
	+ In the absence of a BSP, there was no alternate document detailing information as required by the *Quality of Care Principals 2014*, including behaviours of concern, triggers, strategies to be trialled prior to administering psychotropic medication, when and how long medication should be administered, monitoring processes, and possible side effects. Additionally, there was no evidence indicating the consumer or their representative had been consulted in relation to changes to the consumer’s psychotropic medication prescription.
* There was no evidence demonstrating the consumer had been regularly monitored for signs of distress, side effects, adverse effects or changes in well‑being since their psychotropic medication had been increased.

Risk of choking

* Documentation shows following two incidents of choking, incident forms and risk of choking assessments were not completed to develop safe strategies to minimise one consumer’s risk of choking.
* Documentation demonstrates one consumer’s swallowing risk was not assessed when they returned from hospital due to aspirating. The consumer subsequently had a choking incident and documentation did not demonstrate any additional support was provided to them, such as assistance with meals.

The provider does not dispute the Assessment Team’s findings in relation to the management of one consumer’s skin integrity. The provider’s response includes actions taken to address deficiencies identified by the Assessment Team, including completion of assessments to inform the delivery of care and services, staff reminders to ensure they provide care in line with the consumer’s needs and ordering a cushion for their wheelchair.

In relation to chemical restraint, the provider disagrees with the Assessment Team’s findings and asserts the consumer has a behaviour assessment, which is used in place of a BSP. The provider’s response includes a copy of the consumer’s behaviour assessment, which documents their behaviours of concern, triggers and interventions, however, it does not include information to guide staff practice in relation to the administration of psychotropic medication. The provider’s response does not address the Assessment Team’s findings that the consumer had not been regularly monitored following an increase in psychotropic medication.

The provider accepts there were elements of incident management inadequately followed subsequent to two choking incidents experienced by one consumer. The provider’s response includes evidence to support the consumer was reviewed by a medical officer on the day of the Assessment Contact, and there were processes in place to guide staff in the provision of safe and effective care. In relation to the consumer who experienced a choking incident following return from hospital, the provider agrees with the Assessment Team’s findings and the provider’s response includes actions taken to address deficiencies identified by the Assessment Team, including speech pathologist review and completion of a nutrition and hydration assessment.

I acknowledge the actions taken by the provider to address deficiencies identified by the Assessment Team, however, I find at the time of the Assessment Contact, the service did not demonstrate each consumer safe and effective clinical care that is best practice, tailored to their needs and optimises their health and well-being.

I have considered that the service did not monitor one consumer’s skin integrity, despite having a history of skin impairment, and their pressure injury was not identified until it had progressed to stage two. I also find repositioning had not been undertaken, cream had not been consistently applied to the affected area as required, and they did not have a pressure relieving device to manage their pressure injury and optimise their comfort.

In relation to chemical restraint, I have considered that while the Assessment Team found the service did not regularly monitor one consumer following an increase in psychotropic medication, documentation was not provided in relation to how often the consumer was monitored in relation to what should have occurred. While the Assessment Team identified the consumer did not have a BSP as required by the *Quality of Care Principals 2014*, I find this is not within the scope of this Requirement.

In relation to swallowing difficulties, I have considered two consumers did not receive safe and effective clinical care that optimises their health and well-being, as strategies to minimise their risk of choking were not reviewed and implemented after a choking and aspirating episode. Following these incidents, both consumers had another episode of choking and their risk mitigation strategies were subsequently not reviewed.

Based on the evidence summarised above, I find the service non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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

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

The Assessment Team was satisfied the service demonstrated that high impact or high prevalence risks associated with the care of each consumer are effectively managed. The Assessment Team provided the following evidence relevant to my finding:

* Two consumers reported satisfaction with the care and services they receive and provided examples of how their pain and wounds have been managed.
* Documentation demonstrated appropriate wound support was provided to two consumers with complex wounds and following incidents of falls, three consumers were adequately monitored, reviewed and assessed in line with the service’s policy.
* Staff described the support provided by external services in relation to wound management and considered consumers’ wounds are being appropriately photographed and monitored for timely healing.

Based on the evidence summarised above, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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 non-compliant as one Requirement assessed has been found non-compliant. The Assessment Team assessed Requirement (3)(d) in this Standard. All other Requirements in this Standard were not assessed at the Assessment Contact.

The Assessment Team recommended the service did not meet Requirement (3)(d) in this Standard. The Assessment Team was not satisfied the service demonstrated risk management systems and practices were effective in managing high impact or high prevalence risks associated with the care of consumers and supporting consumers to live the best life they can.

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 the service non-compliant with Requirement (3)(d) in Standard 8 Organisational governance. I have provided reasons for my findings under 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 was not satisfied the service demonstrated risk management systems and practices were effective in managing high impact or high prevalence risks associated with the care of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

High impact or high prevalence risk

The Assessment Team was not satisfied the service demonstrated effective actions have been implemented to identify and manage consumers’ high impact or high prevalence risks in a timely manner and ensure risk mitigation strategies were implemented. The Assessment Team provided the following evidence relevant to my finding:

* Management stated the provider commenced management of the service three months prior to the Assessment Contact and reported consumers’ needs and risks were not assessed during the takeover process, as they would be assessed as part of a transition to the electronic care record system.
* Management could not describe consumers that had high impact or high prevalence risks and advised they had not yet completed a risk register but were in the process of doing so.
* While one staff reported the service was in the process of reviewing all consumers’ falls risks, there was no evidence to demonstrate a process has been implemented to review consumers’ risks in relation to skin, choking, challenging behaviours and pain.
* The current system for recording consumer information is a hybrid of paper and electronic records, which staff reported is difficult to quickly identify and manage consumers’ risks. The Assessment Team noted the daily handover document used by staff does not identify one consumer at risk of falls and two consumers at risk of choking.
* Two consumers identified as being at risk of pressure injuries were observed not utilising their pressure relieving cushions throughout the duration of the Assessment Contact.
* An incident where one consumer became trapped between their mattress and the wall initiated a review of the risk to their health and safety, however, there was no evidence indicating any other consumers that had their beds against the wall and pressure mattresses in situ had been reviewed to prevent it from occurring to others.
* Two consumers who experienced choking episodes had not had their risk of choking reassessed and specialist input had not been sought.

Supporting consumers to live the best life they can

The Assessment Team was not satisfied the service had fully implemented the organisation’s policy on supporting consumers to take risks. The Assessment Team provided the following evidence relevant to my finding:

* The organisation’s policy states each consumer wanting to take risk must have a consumer choice agreement, which includes the risk, how it is to be recorded and monitored, strategies to reduce the risk and confirmation from the consumer they are accepting the risk. However, this has not been completed for each consumer:
	+ There was no evidence indicating consumer choice agreements had been completed for consumers wanting to self-medicate, smoke or drive their cars.
	+ One consumer wishing to mobilise independently did not have a consumer choice agreement or risk management form, despite being a high falls risk and they were observed mobilising independently in the garden carrying a pair of sharp pruning secateurs.
	+ While one consumer had a consumer choice agreement in relation to their refusal of a floor sensor mat, there was no evidence indicating whether alternative strategies had been offered to mitigate their risk of falls.

Managing and preventing incidents, including the use of an incident management system

The Assessment Team was not satisfied incidents had been consistently recorded in the incident database and where incidents had been recorded, the process for follow up and management was not always effective and undertaken in line with the organisation’s policy. The Assessment Team also identified the organisation’s incident management procedure had not been updated to guide staff in relation to the Serious Incident Response Scheme (SIRS). The Assessment Team provided the following evidence relevant to my finding.

* Management could not provide the Assessment Team a report of incidents that had occurred for a period of three months prior to the Assessment Contact, as they had not all been entered into the database.
* Incident reports from July to October 2021 demonstrate a high number of consumers that sustained skin tears during the provision of care. One sampled consumer did not have a management review, action plan or strategies implemented in line with the organisation’s policy.
* The organisation’s clinical incident management procedure dated November 2020 did not include information to guide staff in relation to SIRS.
	+ Management reported staff have received training in relation to SIRS and documentation shows two SIRS notifications have been made since the provider commenced management of the service.
	+ Management stated they do not have access to information in relation to SIRS incidents reported by the previous provider and could not detail action that had been taken in relation to a previous allegation of sexual assault. Management reported they would consider obtaining this information to ensure continuity of safe care to consumers.

The provider agrees with the Assessment Team’s findings that systems and processes to manage high impact or high prevalence risks to consumers had not been fully implemented at the time of the Assessment Contact, as the site was in a period of transition. The provider’s response details actions taken to address deficits identified by the Assessment Team, including completion of a risk register, falls risk management plans and clinical audits, and confirms the electronic record system would be fully implemented in December 2021.

The provider’s response also includes the following additional information to refute some evidence presented by the Assessment Team:

* Evidence demonstrating interventions undertaken for one consumer that sustained skin tears during the provision of care, including falls prevention strategies, a falls management plan and skin integrity checks.
* a risk assessment for one consumer at risk of pressure injury observed without their pressure relieving cushion, demonstrating they are a mild risk of pressure injury and states their action plan has been reviewed.
* Progress notes demonstrating the consumer who refused a floor sensor mat had been reviewed by a physiotherapist on several occasions and falls prevention strategies had been implemented.
* Risk assessments and documentation of risk mitigation strategies (dated prior to the Assessment Contact) for one consumer wishing to smoke, one consumer leaving independently and five consumers self-medicating.
* SIRS policy (dated prior to the Assessment Contact).

I acknowledge the actions taken by the provider to address deficiencies identified by the Assessment Team, however, I find at the time of the Assessment Contact, the service did not demonstrate risk management systems and practices were effective in managing high impact or high prevalence risks associated with the care of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

I have considered that despite being in a period of transition, high impact or high prevalence risks to the health, safety and well-being of consumers had not been identified and governance systems could not therefore support the delivery of care and ensure appropriate action has been taken to reduce or remove the risks in a timely manner. I have also considered that risk management systems did not identify consumers’ risks had not been reassessed following incidents, consumers’ risks were not always documented to inform staff practice and risk prevention strategies were not always being implemented.

I have also considered that while the service did not prevent consumers from taking risks, two consumers were not supported to do so safely. Specifically, risk management systems did not identify that one consumer at a high risk of falls did not have a consumer choice agreement to guide staff in implementing strategies to reduce the risk of falling whilst mobilising independently. Additionally, risk management systems did not identify one consumer’s consumer choice agreement was unsigned and alternate options had not been considered when they refused a floor mat that emits a loud noise. I find documentation included in the provider’s response supports that risks assessments were completed for one consumer that smokes, another that leaves independently and five that self‑medicate.

In relation to managing and preventing incidents, I have considered that incidents were not consistently recorded and therefore trends could not be identified to improve the quality of care and services for consumers and prevent incidents from occurring. I have also considered that risk management systems did not identify one consumer did not have a management review, action plan or strategies implemented in line with the organisation’s policy after skin tears were sustained while receiving care. I find that documentation included in the provider’s response demonstrates that the organisation had a SIRS policy at the time of the Assessment Contact and staff had received SIRS training.

Based on the evidence summarised above, I find the service non-compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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)(a)

* Ensure processes are in place to ensure effective management of skin integrity, wounds and risk of choking.
* Ensure staff have the skills and knowledge to:
	+ provide care and services in line with consumers’ needs and preferences.
	+ appropriately monitor risks to consumers’ health and well-being to enable issues to be escalated in a timely manner.
	+ appropriately monitor consumers’ following incidents in line with the organisation’s procedures.
* Ensure records are accurate and reflective of each consumer’s care and service needs.
* Ensure policies, procedures and guidelines in relation to skin integrity, wound management and dysphagia are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to skin integrity, wound management and dysphagia.

Standard 8 Requirement (3)(d)

* Ensure risk management systems and practices are effective in the management of consumers undertaking risky activity and incident management and prevention.
* Ensure risk management systems and practices effectively identify instances when policies and procedures have not been followed and inadequacies in documentation.
* Ensure consistent recording and trending of incidents to plan for continuous improvement and ensure strategies are in place to prevent and manage risks to consumers’ health and well-being.