Eldercare Evanston Park

Performance Report

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**Commission ID:** 6939

**Provider name:** Eldercare Inc

**Assessment Contact - Site date:** 24 February 2022

**Date of Performance Report:** 30 March 2022

# 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | 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 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 16 March 2022
* the performance report dated 6 September 2021 for the Site Audit conducted on 7 June 2021 to 11 June 2021.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed Requirement (3)(a) in this Standard. As all other Requirements in the Standard were not assessed, an overall rating of the Standard has not been provided.

Requirement (3)(a) was found non-compliant following a Site Audit conducted on 7 June 2021 to 11 June 2021, where it was found assessment and planning processes were not effective in ensuring risks for one consumer were considered to inform the delivery of safe and effective care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit.

The Assessment Team recommended the service did not meet Requirement (3)(a) in this Standard. The Assessment Team was not satisfied the service demonstrated assessment and planning informs the delivery of safe and effective care and services and included consideration of risks to the consumer’s health and well-being, as one consumer, who had an ongoing rash and open wound, did not have their skin integrity assessment updated or a wound assessment commenced to assist in the planning of care.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I find the service compliant with Requirement (3)(a). I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

This Requirement was found non-compliant following a Site Audit conducted on 7 June 2021 to 11 June 2021, as the service was unable to demonstrate assessment and planning included consideration of behaviours displayed by one consumer to inform the delivery of safe and effective care and services. The Assessment Team’s report for the Assessment Contact conducted on 24 February 2022 provided evidence of actions taken in response to the non-compliance, including:

* A care plan review, assessment update and behaviour of concern audit has been completed for the consumer identified in the Assessment Team’s report for the Site Audit conducted on 7 June 2021 to 11 June 2021.
* Education and monitoring has been undertaken to ensure staff understand and comply with policies and procedures in relation to staff handover processes, admission processes and clinical and care documentation.

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

* The Assessment Team identified one consumer who had a rash on their body. The consumer’s left leg was observed to be visibly swollen and their right leg had multiple areas of red open skin areas/wounds.
  + The medication chart and progress notes show the consumer’s rash had been reviewed by a medical officer and a topical steroid cream prescribed as treatment.
  + Documentation showed the consumer’s skin integrity had not been reassessed since the rash commenced during December 2021. The last skin assessment was conducted during November 2021 and did not reflect any skin issues pertaining to the rash.
  + There was no evidence indicating a wound chart had commenced to manage the open areas of skin on the consumer’s right leg.
  + The service’s Clinical analysis report for January 2022 does not identify the consumer’s rash.
* A sample of consumer files viewed demonstrated a range of clinical and personal assessments were completed on entry and had been routinely reviewed every six months, or when a change in consumers’ health and well-being was identified.
* The Assessment Team observed a range of accredited clinical risk assessment tools had been utilised relative to each consumer’s needs and perceived risks.
* Consumers and representatives reported assessment and planning, including the identification of individual risks, had been conducted through regular care plan reviews or when changes occur in consumers’ care needs.
* Clinical staff could describe the assessment and planning process and said they had ready access to assessment and care planning documentation and have received training and guidance from management regarding how to complete care plan reviews.

The provider did not agree with the Assessment Team’s findings and maintains the service is compliant with this Requirement, as the consumer’s rash had been appropriately identified, assessed, treated and monitored. The provider’s response includes the following information and evidence to refute the Assessment Team’s assertions:

* The consumer’s health and well-being had been considered, and safe and effective care had been delivered as the consumer’s rash had been appropriately identified, assessed, treated and monitored.
  + Progress notes were provided demonstrating topical steroid cream had been applied to the consumer’s rash on a regular basis, with effectiveness measured and the consumer reporting the rash is no longer itchy.
* The service and medical officer are of the view the consumer did not have any wounds in relation to the rash, therefore, a wound chart was not necessary.
  + Photographs of the consumer’s legs taken 11 days after the Assessment Contact were provided.
* The rash was not ongoing, rather intermittent to varying degrees from December 2021 until the time of the Assessment Contact.
  + Progress notes and medication charts show the rash was treated periodically from December 2021 until the time of the Assessment Contact.
* Meetings held with the representative following the Assessment Contact identified they were not dissatisfied with the management of the rash and merely thought it was taking time to improve.
* Acknowledgement that there was no update to the consumer’s skin assessment.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates at the time of the Assessment Contact, assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services.

I have considered that while one consumer’s skin assessment was not updated and a wound chart not commenced following the development of a rash, evidence demonstrates the rash was being monitored by a medical officer, staff knew about it and treatment provided was found to be effective.

I have also considered that evidence in the Assessment Team’s report does not indicate systemic failure, as all other consumer files sampled included a range of clinical and personal assessments that identified risks to their health and well-being. These assessments were completed on entry and had been routinely reviewed every six months, or when a change in consumers’ health and well-being was identified.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# 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) in this Standard at this Assessment Contact. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been provided.

Requirement (3)(b) was found non-compliant following a Site Audit conducted on 7 June 2021 to 11 June 2021, where it was found the service did not demonstrate effective management of high impact or high prevalence risks, specifically in relation to behaviours, weight loss, pain and wounds. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit.

The Assessment Team recommended the service meets Requirement (3)(b) in this Standard. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and I find the service compliant with Requirement (3)(b). I have provided reasons for my findings under the specific Requirement 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.*

This Requirement was found non-compliant following a Site Audit conducted on 7 June 2021 to 11 June 2021, where it was found the service did not demonstrate effective management of high impact or high prevalence risks, specifically in relation to behaviours, weight loss, pain and wounds. The Assessment Team’s report for the Assessment Contact conducted on 24 February 2022 provided evidence of actions taken in response to the non-compliance, including:

* Monitoring staff compliance through monthly reporting, auditing and wound care education.
* Updating the Multidisciplinary meeting agenda to reflect high impact and high prevalence risks.
* Implementing processes to ensure monitoring of consumers experiencing more than 2kgs of weight loss.
* In relation to the consumers identified in the Assessment Team’s report for the Site Audit conducted on 7 June 2021 to 11 June 2021:
  + Behaviour chart review and evaluation has been undertaken, and behaviour management strategies implemented for one consumer. The effectiveness of strategies has been monitored and documentation does not indicate any behavioural incidents impacting other consumers or staff.
  + One consumer has been reviewed by a dietitian and medical officer, and strategies to manage unplanned weight loss have been implemented.
  + One consumer’s wounds have been reviewed by a medical officer and specialist, and staff are reviewing, measuring and documenting the wound in line with the organisation’s procedure.

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:

* Three of four consumers said the care they receive is safe and right for them and provided examples of how their high impact or high prevalence risks are managed.
* One representative reported satisfaction with the management of their family member’s behaviours. Documentation showed the consumer’s behaviours were regularly reviewed and monitored for effectiveness.
* Documentation showed regular monitoring of one consumer who experienced skin tears.
* The organisation records high impact and high prevalence clinical and personal care risks for consumers and has a range of updated policies and procedures to guide staff practice.
* Clinical incident data in relation to numerous areas of high impact or high prevalence risk is monitored and collated and analysed for trends monthly. Data is reported though various site and organisational meeting forums.

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

# 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.