Estia Health Daw Park

Performance Report

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**Commission ID:** 6849

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 14 July 2020

**Date of Performance Report:** 6 October 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** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | 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 on 7 August 2020.

# 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 purpose of the Assessment Contact on 14 July 2020 was to assess the performance of the service in relation to Requirements (3)(b) and (3)(d) in this Standard. All other Requirements in this Standard were not assessed.

The Assessment Team assessed Requirements (3)(b) and (3)(d) in this Standard as not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response to come to a view of compliance with Standard 3 and find the service is Compliant with Requirements (3)(b) and (3)(d).

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 service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. In particular:

* The service did not implement effective falls and pain management strategies for one consumer who was a high risk of falls.
* The service did not effectively manage or monitor one consumer’s nutritional risk and does not consistently follow Dietitian directives in relation to the consumer’s weight loss.
* The service does not consistently follow organisational policy and processes in relation to weight, nutrition, wound, pain, behaviours and falls management.

In relation to wound, pain and behaviours:

* The wound care plan dated 16 March 2020 for one consumer showed they had a cancerous skin lesion on the top of their head. The wound charting shows that between February and July 2020, the consumer declined wound cleaning and/or dressing and refusal of care on 18 occasions during this period.
* While staff were documenting pain, they were not documenting when ‘as required’ analgesic medication was offered; however, staff were documenting when analgesic medication was not administered or refused.
* The Assessment Team noted the consumer’s pain care plan did not reflect the use of ‘as required’ analgesic interventions prior to wound care.
* The consumer’s behaviour care plan did not reflect strategies for staff when the consumer refused wound care.
* While the organisation has wound and pain management procedures, staff were not always completing a pain assessment and pain management plan as per the organisation’s pain policy.
* Staff did not effectively manage, recognise or respond to the deterioration of the consumer’s wound in a timely manner.
* The representative advised the Assessment Team that due to the COVID-19 pandemic, they had been unable to visit; however, in May 2020 the wound was open with pus. The representative said the consumer was resistive to care.

The approved provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings. The approved provider has provided additional information in relation to this consumer, including copies of relevant documentation:

* The consumer first presented with a head lesion on 7 February 2020, was referred for a plastic surgery review on 11 February, 4 April and 21 May 2020. The approved provider states the initial referral was made within the guidelines that a wound consultant should be engaged when a wound reaches six weeks’ duration and the service maintains that the referral meets this criterion.
* An appointment was made by the consumer’s representative for 17 March 2020. The appointment was cancelled and/or rescheduled due to the health of the consumer and the restrictions of COVID-19. The appointment was re-scheduled by the representative for 5 June 2020.
* The wound was swabbed by the staff in May 2020 and the results reviewed by the Medical Officer who suggested using a non-pharmacological approach to care for the scalp lesion.
* A Partnership in Care conference was held on 3 July 2020 at which the head wound, pain management and refusal of care was discussed with the representatives. A plan was discussed with the family, including referral to an oncologist, and the use of ‘as required’ medication when having his wound cleaned and dressed. This included increasing the dosage of the Schedule 8 medication patch.
* Education had been provided to staff on the management of the consumer’s care needs.
* The approved provider reviewed wound charts between 17 February and 12 July 2020 and found staff were documenting when the consumer either had no pain on 23 occasions, documented pain but did not document that PRN analgesia had been offered on seven occasions, documented pain and offered PRN analgesia on 15 occasions (on three occasions the consumer accepted the analgesia and on 12 occasions refused), and on seven occasions no pain was recorded as the consumer declined to have his wound care attended to.
* While the consumer has the right to refuse care, strategies for staff are now documented in their wound care plan dated 4 August, pain care plan dated 30 July, and Consumer Dignity and Choice assessment dated 29 July 2020.
* Pain management training was to be provided to staff by 11 August 2020 and the effectiveness of the training is to be evaluated by the service.
* The service states that any concerns raised by the representative have been acknowledged, actioned and resolved in partnership with the representative and within the agreed timeframe.

Based on the Assessment Team’s report and the approved provider’s response, I note the service referred the consumer to a wound consultant as per their guidelines. The appointments were made by the representative and for various reasons, the appointments were cancelled. When the cancellations occurred, further referrals were made by the service. While staff were generally documenting the consumer’s pain in the wound management chart, there were occasions when staff did document pain but did not document whether PRN analgesia was offered; however, on balance the staff were monitoring the consumer’s pain and offering analgesia. It is noted there had been ongoing communication with the representative. Prior to the visit, it is noted the service was investigating a complaint from the representative dated 23 June 2020 which raised a number of non-clinical and clinical concerns. A response was provided to the representative on 28 July 2020. A Partnership in Care conference was held on 3 July 2020 at which the head wound, pain management and refusal of care was discussed and a plan for the management of the consumer’s care needs, including pain management and referral to external medical consultants.

It is noted that following the Assessment Contact visit, the service has taken on board feedback from the Assessment Team and has now included strategies for staff in their wound care plan, pain care plan and Consumer Dignity and Choice assessment. Staff have been provided with additional pain management training in August 2020.

In relation to nutrition, hydration and weight management the Assessment Team noted:

* Between March and June 2020, one consumer had a significant unplanned weight loss. The consumer was referred to a Dietitian who noted a recent decline in the consumer’s heath due to oral intake and not meeting nutritional requirements and suggested changes to their oral intake, to monitor weight and re-refer if the consumer’s weight was unstable.
* Staff were unable to describe the nutritional needs and supplements for the consumer and this information was not listed on the kitchen’s whiteboard.
* Progress notes showed no information recorded on the consumer’s nutritional needs or food consumed as recommended by the Dietitian.
* Management said consumers are weighed monthly, or more frequently if requested to do so by the Medical Officer or Dietitian. Consumers who have a weight loss of more than 2kgs are discussed at the clinical meetings.
* While there was general discussion about consumers who had lost weight, there was no evidence that the specific consumer’s weight loss had been discussed at the clinical meeting.

The approved provider did not agree with the findings of the Assessment Team and provided the following evidence:

* The approved provider stated that in addition to the diagnosis identified by the Assessment Team, the consumer has lower leg oedema. The service recognised weight loss post return from hospital following a fracture and has a result of being unable to mobilise, the weight loss was contributed to a loss of fluid in his bilateral legs.
* The consumer was placed on a three-day Food and Fluid chart on 25 May 2020 and was referred to the Medical Officer and Dietitian. The consumer was reviewed by the Dietitian on 17 June 2020 and strategies added to the care plan. A kitchen dietary form was provided to the kitchen on 22 June 2020.
* The approved provider states the consumer’s daily food consumption was being monitored through the weighing of a consumer. If weight gain or loss is identified a three-day food fluid chart is commenced and referral to a Dietitian. The consumer’s fluid consumption was being monitored since they commenced on a fluid restriction chart and documented in progress notes.
* The approved provider states the consumer’s breakfast fortification was on the whiteboard. The approved provider also considers that staff cannot be expected to recall individual consumer requirements. Staff prepare fortified milkshakes each day and jugs are placed on beverage trolleys. Staff refer to the drinks list which includes those consumers requiring supplements. The approved provider states the list was on the trolley on the day of the visit.
* The Dietitian’s directive was to re-refer and commence a three-day food and fluid chart only if the consumer’s weight became unstable. As the consumer’s weight was not unstable, no chart was required.
* The family had requested that the consumer not be weighed weekly and this was documented in the consumer’s progress notes by his general practitioner.
* While clinical incident data is reviewed monthly and discussed at clinical care meetings, the service agreed the minutes do not individually mention consumers. The care director is to ensure that future clinical care meeting minutes document discussions regarding consumers at risk after reviewing clinical incident data with the clinical team.

Based on the Assessment Team’s report and the approved provider’s response, I find the service provided appropriate care to the consumer by referring them to the Dietitian and monitoring the consumer’s food consumption and fluid intake. This information was recorded in the consumer’s progress notes. The service provided documentation from the Medical Officer which showed the consumer’s weight loss was due to a loss of fluid in their legs. The consumer’s care plan documents dietary supplements and staff have information on the drinks trolley about consumers who require fortified drinks. The family had requested for the consumer not be weighed weekly and this was documented in the progress notes. The consumer was only to be seen by the Dietitian should their weight again become unstable. It is noted that following the visit, the service will document discussions about individual consumers at risk in their clinical meeting minutes.

In relation to falls and pain management, the Assessment Team noted the following:

* The Assessment Team heard one consumer loudly calling out when having their wound dressed. Management said the consumer had a skin tear and staff administer analgesia prior to completing wound care. Management said the consumer was not a frequent faller; however, the consumer had two falls, one in June 2020 which resulted in the skin tear and the second fall in July 2020. Management said consumers in the memory support unit are checked half hourly.
* Documentation showed the consumer was a high falls risk and had four falls between 1 and 14 July 2020.
* The wound chart and medication chart for 14 July 2020 showed no entry in relation to wound care or administration of pain medication. Management said the wound care had not yet occurred; however, the Assessment Team observed the wound trolley outside of the consumer’s room. No follow up occurred with staff as they had gone home for the day.
* The organisation’s process is that a physiotherapy review should be completed after each fall. The last referral to the physiotherapist for the consumer was noted by the Assessment Team to be on 5 March 2020.

In relation to falls and pain management, the approved provider disputes the findings of the Assessment Team, and provided the following information:

* While the consumer is at risk of falling because of their cognitive impairment and lacks insight into their needs and limitations, the approved provider does not agree that the service was not effectively managing their risk of falling or subsequent injury pain following a fall.
* The consumer’s care plan has multiple strategies to not only reduce the frequency of falls but to optimise her independence and ability to mobilise. Staff monitor the consumer from a distance and encourage them to walk slowing in the communal areas during the day.
* In relation to the comment made by the Assessment Team that the consumer was ‘screaming loudly’, the approved provider states the consumer has a history of verbal disruption to other consumers, including repeated yelling and screaming. This is recorded in their Behaviour Management Plan.
* The approved provider states that while the consumer’s wound care was attended to by staff in the morning, documentation was not completed until later in the day. The care director was of the view that staff had left for the day; however, the staff member was completing documentation in a nurses’ station in another area of the service. Documentation confirmed the consumer was administered with PRN analgesia prior to having their wound care being attended to. The approved provider states there is no evidence to suggest that staff did not allow sufficient time for the analgesia to take effect, as indicated by the Assessment Team.
* The approved provider states the policy says that a referral to a physiotherapist is not required after every fall but only where a consumer is displaying pain or changes to mobility. The consumer sustained no injuries other than a skin tear following their falls in July 2020. The service asserts the policy was followed by staff. A review by the physiotherapist was completed on 15 July 2020 and no additional management strategies or changes to assessed needs were identified. The general practitioner was informed after each fall and regularly reviewed by the GP.
* Additional education has been provided on the completion of monthly clinical indicator reviews and to ensure the overall evaluation of the incident is not generalised.

Based on the Assessment Team’s report and the approved provider’s response, I note the service has strategies for staff to follow in the consumer’s care plan to reduce the frequency of falls as well as enabling the consumer to maintain their independence. The consumer has a history of verbal disruption which is included in their Behaviour Management Plan. On the day of the visit the consumer’s wound was attended to by nursing staff who documented the wound care later in the day. Documentation confirmed the consumer was given pain relief prior to wound care. While the consumer has had numerous falls between March and July 2020, the service stated that a referral is not required after every fall, but only when the consumer is displaying pain or changes in mobility. Following the Assessment Contact visit, the service organised a review by the physiotherapist which confirmed there was no impact to the overall risk management of the consumer’s falls. The service confirmed the Medical Officer has been advised following each fall. It is noted that additional education is to be provided to senior management on the completion of monthly clinical indicator reviews and to ensure the overall evaluation of the incident is not generalised.

In considering the Assessment Team’s report and the approved provider’s response, I find the service is Compliant with this Requirement. On balance, the service has generally provided appropriate care and services to consumers who are at risk while taking into account the preferences of the consumers and their representatives. It is also noted that further improvements have or will be made by the service to address deficiencies identified by the Assessment Team in relation to documentation and reporting of incidents.

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team found the service was unable to consistently identify deterioration or changes in consumers’ mental health, cognitive or physical function, capacity or condition and respond in a timely manner. This was particularly relation to wound care for one consumer. The service could not demonstrate that staff consistently follow organisational policy and processes in relation to wound and pain management.

The Assessment Team noted the following:

* The service did not provide appropriate wound care to the consumer’s lesion on their head on 19 occasions between 7 February and 12 July 2020, including 18 occasions between 10 May and 12 July 2020, due to the consumer’s refusal of care.
* Progress notes, wound chart and medication chart showed that between 7 February and 12 July 2020 there were 10 records of infection or signs of infection. Records show on five occasions staff responded to signs of infection, including changing the dressing regime, wound swabs, Medical Officer review and commencement of antibiotics. There was no evidence to demonstrate actions taken to identify and treat the possible infection.
* Management said the consumer was scheduled for a specialist appointment in March 2020; however, the appointment was cancelled due to the consumer’s behaviour that day and subsequent restrictions due to COVID-19.
* In July 2020 progress note entries record that a Telehealth case conference in relation to the head lesion was held and actions included referral to the Royal District Nursing Service (RDNS) for wound management, advice and referral to a radiotherapist. Management advised that RDNS had not attended and the Assessment Team was not provided with further evidence in relation to communication with RDNS.
* Management advised they had used Telehealth services during the COVID-19 pandemic; however, the service did not demonstrate attempts to rebook a specialist appointment for the consumer.
* While clinical data is monitored, reviewed and analysed monthly, management did not demonstrate how the data assists them in the monitoring and review of individual consumers, and in particular, in relation to wound care and the number of infections.
* Wound management training was discussed in April and May 2020 and referred staff to an online webinar; however, evidence was not provided that the training has been completed by staff.

The approved provider did not agree with the findings of the Assessment Team and provided the following evidence:

* While the Assessment Team noted there were seven occasions when staff did not document PRN analgesia was offered, information about the holistic pain management strategies that were successful was not requested by the Assessment Team.
* Additional training on the ‘Recognition and management of infected malignant wounds’ was offered to all staff and due to be completed by 11 August 2020.
* Management has provided education to staff on additional strategies to use when the consumer declines wound care, including pain management strategies. These strategies were developed in partnership with the consumer’s representative and are documented in wound care plan, pain care plan and Consumer Dignity and choice assessment.
* The service identified the consumer’s wound was infected on one occasion and a wound swab was collected. The results were reviewed by the Medical Officer who stated no antibiotics at present and to use a non-pharmacological approach to the care of the scalp lesion.
* While the consumer had a specialist appointment booked for March 2020, this was cancelled by the representative. While the service made additional referrals, the representative did not book a further appointment until June 2020.
* The service was unable to have the wound reviewed either by RDNS or a plastic surgeon due to COVID-19 restrictions in place at the service; however, the consumer could have left the service for medical appointment if this was the preferred course of action.
* The service held a Partnership in Care conference on 3 July 2020 at which it was agreed that a referral to a radiotherapy oncologist would be the appropriate follow-up.
* Management has received additional training on the analysis of monthly clinical indicator data and the process for reviewing this data at clinical care meetings.
* From 28 July 2020 the service has implemented additional Registered Nursing hours Monday to Friday to ensure all consumers’ clinical needs are addressed and responded to in a timely manner.

Based on the information provided in the Assessment Team’s report and the response of the approved provider, I find the service is Compliant with this Requirement. I find the service was monitoring the consumer’s wound, and when required, sought a review by the Medical Officer. The service was reliant on the representative to make a specialist appointment. Due to the behaviour of the consumer of the day of the visit and COVID-19 restrictions, these visits were cancelled by the representative. In addition, RDNS and a plastic surgeon were unable to visit the service due to COVID-19 restrictions in place at the time. The service discussed the consumer’s health care needs with the representative and it is now agreed that an appointment will be made for the consumer to see a radiotherapy oncologist.

# 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.