Estia Health Hope Valley

Performance Report

1099 Grand Junction Rd   
HOPE VALLEY SA 5090  
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**Commission ID:** 6502

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 15 July 2020

**Date of Performance Report:** 8 September 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(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 consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 6 August 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 one of the seven specific Requirements have been assessed as Non-compliant. The Assessment Team assessed Requirement (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed.

The Assessment Team assessed Requirement 3(b) in relation to Standard 3. The Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks, specifically in relation to skin integrity for two consumers. The Assessment Team have recommended Requirement 3(b) is 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 Requirement (3)(b) and find the service is Non-compliant with Requirement (3)(b). I have provided reasons for my decision in the specific Requirement.

### 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 identify alterations in skin integrity which resulted in three pressure injuries for two consumers.

In relation to one consumer, alterations to skin integrity were not identified until two suspected deep tissue injuries were identified on both heels on 19 June 2020. This was evidenced by the following:

* Wound chart records dated 19 June 2020 indicate ‘eschar dead tissue black’ on the consumer’s right and left heels.
* Strategies to prevent pressure injuries developing were in place prior to identification of the wounds. These included two hourly repositioning, a pressure relieving mattress and twice daily application of moisturiser.
* There was no record of reddened heels reported in progress notes viewed by the Assessment Team from 1 to 30 June 2020
* Two nursing staff said they rely on feedback from care staff in relation to skin redness and breakdown. Three care staff confirmed they monitor skin and report red areas to the Registered nurse.
* Wound care and additional interventions to assist healing were initiated following identification of the heel wounds.
* Identification of reddened areas to prevent further skin injury was discussed with Clinical management who stated they will consider feedback and further training needs as necessary.

The approved provider did not provide a response to the information relating to the heel wounds documented in the Assessment Team’s report for this consumer. The Decision Maker made telephone contact with an approved provider representative to understand why the response did not address the consumer’s heel wounds as identified in the Assessment Team’s report. The representative stated they had previously provided information to the Commission relating to this consumer as part of a complaint. Information relating to the complaint was noted in the Assessment Team’s report and demonstrated appropriate treatment, management and monitoring of a scapula wound by clinical and medical staff. However, the information provided to the Commission in relation to the complaint did not specifically address the consumer’s heel wounds as identified in the Assessment Team’s report.

For another consumer, the Assessment Team’s report indicates staff did not identify alterations to skin integrity of the left heel until an unstageable wound was identified on 22 January 2020. This was evidenced by the following:

* Photographic evidence of the wound taken on the 22 January 2020 showed a dark purple bruised area approximately 2.5cm by 3cm with reddened surrounding skin.
* The consumer’s pressure injury risk care plan dated 25 September 2020 indicates the consumer is at high risk. The care plan directs staff to apply moisturiser twice daily and monitor the consumer’s toes and feet. There is no documentation indicating an alteration to skin integrity on the consumer’s heels until 22 January 2020.
* Documentation viewed by the Assessment Team demonstrates the wound, once identified, was appropriately treated, managed and monitored.

In relation to this consumer, the approved provider’s response indicated they did not agree with the Assessment Team’s findings. The response provided further context and clarification in relation to skin and wound management for this consumer. The approved provider’s response indicates the injury to the heel was initially incorrectly classified as an unstageable wound. This error was identified by senior clinical staff who reviewed the wound and determined the area should have been classified as a suspected deep tissue injury. Additional strategies and pressure relieving devices were implemented to manage the injury and the approved provider’s response indicates these strategies have resulted in continued healing of the wound. In response to the incorrect wound classification, staff were provided with education in April, May and June 2020 relating to correct assessment and classification of pressure related injuries.

I acknowledge the approved provider’s response to the Assessment Team’s recommendation, including the additional documentation provided. However, I find that at the time of the Assessment Contact, the service did not effectively manage high-impact or high-prevalence risks associated with the care of each consumer. Specifically, in relation to one consumer, staff had not effectively implemented skin care management strategies. Despite the consumer’s care plan outlining pressure injury prevention strategies, including twice daily application of moisturiser, alterations to the consumer’s skin integrity were not noted until the consumer was identified with two suspected deep tissue injuries to both heels on 19 June 2020.

For the reasons detailed above, I find Estia Health Hope Valley Non-compliant in relation to Standard 3 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.

Standard 3 Requirement (3)(b)

* Ensure staff have the skills and knowledge to:
  + Identify and report changes to consumers’ skin integrity.
  + Where changes to skin integrity are identified, implement appropriate skin care management strategies to minimise the risk of pressure related injuries.
* Monitor staff compliance with implementation of skin care management strategies to ensure practice is in line with consumers’ assessed needs and preferences.
* Ensure policies and procedures in relation to skin care and wound management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies and procedures in relation to skin care and wound management, including monitoring and reporting changes to skin integrity.