Estia Health Hope Valley

Performance Report

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**Commission ID:** 6502

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 24 February 2021

**Date of Performance Report:** 14 May 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 |

# 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 16 March 2021.
* The Performance Report for the Assessment Contact conducted 15 July 2020.

# 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 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. This Requirement was found to be Non-compliant following an Assessment Contact on 15 July 2020 in relation to failure to identify changes in skin integrity and the prevention of pressure injuries for consumers. At this Assessment Contact, the Assessment team were satisfied the service demonstrated that changes in skin integrity in consumers are identified in a timely manner, and when changes are identified, appropriate strategies are implemented to reduce to risk of pressure injuries. However, the Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks, specifically in relation to pain management, behaviour management and the management of recurrent urinary tract infections. 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, and find the service Non-compliant with Standard 3 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 demonstrate effective management of high impact or high prevalence risks in association with the care of consumers. Specifically, in relation to risks associated with pain management, behaviour management, and prevention of recurrent urinary tract infections.

The Assessment Team found the service did not demonstrate effective pain management for two consumers, which has impacted on falls, lifestyle and skin integrity. The Assessment Team provided the following information and evidence relevant to my finding:

* Two consumers interviewed were not satisfied that their pain is managed effectively.
* A consumer (Consumer A) indicated their severe and constant pain restricts their mobility.
* Another consumer (Consumer B) indicated they experienced pain even though they have reported the pain to care staff and the service had recently stopped providing interventions that had been effective in managing their pain.
* The documentation reviewed by the Assessment team indicates the service has recognised that Consumer A is at increased risk of falls due to this sitting on the edge of the bed. The Assessment Team observed management strategies in place, to reduce the risk of Consumer A falling from the edge of the bed and reduce the risk of injury, such as low low bed and crash mats. Consumer A experienced three falls in eight days and documentation reviewed by the Assessment Team state Consumer A sits on the edge of the bed to relieve pain. However, Consumer A’s pain has not been considered during review of falls incidents.
* The Assessment Team found that the service was unable to demonstrate effective assessment and management of pain for Consumer A and B, as at the time of the Assessment Contact:
* Consumer A’s most recent pain assessment were completed four and a half months prior to the Assessment Contact despite Consumer A’s pain care plan stating they experience constant pain that prevents them from undertaking activities of daily living, and may not always let staff know they are in pain.
* The Assessment team reviewed pain charting and pain management care plans for Consumer B. The service utilised an Abbey Pain Scale to assess pain, which is suitable to assess pain in people with dementia who may not always be able to verbalise pain. However, the Abbey pain charts did not consistently document an assessment of non-verbal signs of pain.
* The Assessment Team noted Consumer A experienced incontinence associated dermatitis (IAD) in October 2020, December 2020 and January 2021. The Assessment Team reviewed progress notes which stated that Consumer A is at higher risk of sustaining IAD due to refusal of continence care.

The Assessment Team found that the service did not demonstrate effective management in relation to behaviour management for one consumer. This is evidenced by the following:

* Management at the service considered Consumer A’s refusal of care related to behaviours and not pain. The Assessment Team reviewed the behaviour care plan for Consumer A which documented Consumer A could experience behavioural responses such as verbal aggression or physically threatening staff (attempting to hit or grab staff) when staff assisted with activities of daily living. Progress notes did not consistently document reasons for Consumer A’s refusal of care when this occurred, however four care staff interviewed were able to describe specific manual handling and care techniques to reduce and manage Consumer A’s pain during hygiene and assistance with activities of daily living. Care staff also stated that Consumer A could refuse care due to pain.
* Consumer A had not been referred to behaviour management specialist services for assistance with refusal of care or behavioural responses.

In relation to one consumer (Consumer C), the Assessment Team found the service was not able to demonstrate strategies being utilised to minimise the risk of recurrent urinary tract infections. This is evidenced by the following:

* The Assessment Team reviewed a Risk Safety Assessment for Consumer C, which outlines strategies to reduce the risk of urinary tract infections, however these strategies were not included in Consumer C’s care planning documentation.
* Two clinical staff and three care staff interviewed indicated they were not aware of the strategies to assist the prevention of urinary tract infections for Consumer C.
* The service does not have a policy in relation to prevention of urinary tract infections.

The Approved Provider submitted a response to the Assessment Team’s report and has disagreed with the Assessment Team’s findings. The response also included information and documentation to support their view and actions taken in response to the Assessment Team’s findings. Information provided relevant to my finding includes:

* The Approved Provider has reinstated physiotherapy massage for Consumer B, four times weekly. The Approved Provider explained that the Consumer had not requested massage be reinstated prior to the Assessment Contact, and pain assessments undertaken prior to the Assessment Contact did not indicate the Consumer was in pain. Following the Assessment Contact, the service has undertaken fourth hourly pain assessments for a period of three days, and Consumer B did not experience pain. In addition, the service facilitated a pain management review for the consumer with their GP. No changes to current analgesia regimen were required. The GP noted recent pain and suggested massage/heat to be used.
* In relation to Consumer C, the Approved Provider has explained that this Consumer has not experienced a urinary tract infection since their admission, and this provides evidence that the current strategies are demonstrably effective in managing this risk.
* The Approved Provider disagreed with the view that Consumer A’s pain management strategies have not been effective and this has impacted on their falls, lifestyle and skin integrity.
* The Approved Provider asserts that Consumer A’s falls are not related to pain, and the related falls risk factors are multifactorial, including the position they choose to be in whilst in bed, which is the Consumer’s preference. The service acknowledges that this is a significant risk factor for falls for Consumer A, and the care documentation is reflective of this risk, including the documented acceptance of this risk by the Consumer’s representatives, and strategies to minimise the risk. Consumer A has had no falls since October 2020. The Approved provider asserts that Consumer A has not advised that their falls were related to unresolved pain.
* The Approved Provider disagrees that Consumer A’s pain has impacted on their lifestyle as it is Consumer A’s preference to remain in their room and not socialise with others. Lifestyle activities and engagement are provided to Consumer A in their room, and the Consumer is able to leave their room with staff assistance. Following the Assessment Team’s visit, Consumer A declined offers of being assisted out of their room.
* The Approved Provider disagrees that Consumer A’s pain has impacted on their skin integrity, as the four occasions in nine months Consumer A has developed skin irritation is due to behavioural responses related to their cognitive impairment. The Approved Provider explained that Consumer A has a right to refuse care and that care is provided at a time of their preference.
* Following the Assessment Contact, the Approved Provider commenced pain assessments for Consumer A, and a pain management review was undertaken by their GP and no changes to pain management was required. In addition, Consumer A has been referred to a Geriatrician.
* The Approved Provider responded to the wording of staff interviewed by the Assessment Team, in which they described Consumer A as always stating they are in pain and ‘that was normal’ for them. The Approved Provider explained that when a Consumer advises staff that they are experiencing pain, this is escalated to the registered nurse for assessment, management and evaluation.
* The Approved Provider are developing guidance material in relation to prevention of urinary tract infections.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. In coming to this finding, I have considered the Approved Provider’s response and find that Consumer A’s risk of falling when sitting on the edge of the bed has not been effectively managed by the service. Documentation reviewed by the Assessment Team and provided by the Approved Provider indicate that Consumer A sits on the edge of the bed due to pain, and this position reduces their pain. While the service has implemented mitigation strategies to reduce the risk of falls and injury, they have not considered pain when assessing, evaluating and implementing strategies to mitigate falls risk factors.

The Approved Provider supplied behaviour management care plans for Consumer A, which documented verbal and physical aggression when staff assisted with activities of daily living. The care plan states that Consumer A’s loud noises and resistive behaviours disturbs other consumers and causes delays for other residents care needs to be attended by staff. The care plan and behaviour identification charts documents triggers for the behavioural responses as unknown, confusion, or lack of insight.

I acknowledge that Consumer A experiences complex chronic pain and their analgesia regime of regular and as required analgesia is timed to align with care provision, including wound management. However, at the time of the Assessment Contact the service was unable to demonstrate effective management of high impact or high prevalence risks with regular pain assessments that consistently consider non-verbal signs, monitoring, evaluation or consideration of pain as an unmet need and trigger for behavioural responses and refusal of care. In addition, the service has not demonstrated they have considered pain as a factor in the Consumer’s choice of positioning that then impacts their risk of falling.

While I acknowledge the Approved Provider’s response that Consumer B had not experienced a urinary tract infection at the service, I consider that in order for the service to demonstrate effective management of high impact of high prevalence risks for consumers, care plans should reflect risk assessments and management strategies. At the time of the Assessment Contact, Consumer B’s care plan did not reflect the risk assessment and management strategies to reduce their risk of recurrent urinary tract infections.

For the reasons stated 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.

* Consumers with chronic and/or complex pain have effective pain management care planning, assessment, monitoring and evaluation, including: consideration of goals of care (including when being pain free pain may not be achievable); regular pain assessments; ongoing monitoring and evaluation.
* The service demonstrates staff have an understanding of how pain impacts on high impact or high prevalence risks.
* The service demonstrates staff have the skills and knowledge to assess pain in consumers with dementia/cognitive impairment, who may not always be able to verbally express pain.
* The service demonstrates pain is considered as a possible unmet need and trigger for behavioural responses in consumers with dementia/cognitive impairment.
* The service completes and implements guidance for staff related to reducing the risk of urinary tract infections and recurrent urinary tract infections.
* The service ensures consumers care plans accurately reflect risk assessment and management in relation to consumers at risk of recurrent urinary tract infections.