Estia Health Plenty Valley

Performance Report

806 Plenty Road   
SOUTH MORANG VIC 3752  
Phone number: 03 9404 8000

**Commission ID:** 3648

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 12 January 2021 and 21 December 2020

**Date of Performance Report:** 21 February 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(g) | 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 conducted on 21 December 2020; 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 Assessment Team’s report for the Assessment Contact – Site conducted on 12 January 2021; 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 for the Assessment Contact 12 January 2021 received 28 January 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

Not all requirements were assessed thus no rating is provided for this Standard.

The Requirement 2(3)(e) was assessed as part of an Assessment Contact carried out on 21 December 2020.

Overall consumers and representatives expressed satisfaction in relation to care and services being reviewed when circumstances change or when incidents such as falls impact on needs, goals and preferences.

Requirement 2(3)(e) is assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.*

# 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

Requirements 3(3)(a), 3(3)(b) and 3(3)(d) were assessed as part of an Assessment Contact at this service on 21 December 2020. The Assessment Team found:

* The service demonstrated consumers receive personal and clinical care that is effective and safe, optimises their health and well-being, is tailored to their needs and is best practice. This was demonstrated for the consumers sampled on the day through interviews with these consumer and representatives, interviews with staff about the consumers and the care documentation associated with the consumers sampled.
* The service demonstrated high impact high prevalent risks associated with the care for the consumers sampled on the day were effectively managed.
* The service demonstrated deterioration or changes in a consumer’s health, function or condition is recognised and responded to in a timely manner for the consumers sampled on the day.

At a follow up Assessment Contact on 12 January 2021 that assessed Requirements 3(3)(a) and 3(3)(g), the Assessment Team found that while the service demonstrated for most consumers sampled that day received personal care that is effective and safe, optimises their health and wellbeing, this did not occur for one consumer’s journey of care resulting in adverse outcomes for the consumer.

The Assessment Team observed some of the service’s infection control practices in relation to COVID-19 preparedness were not adequate to prevent and control infection, and management took action during and following the visit to address these areas.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### 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 recommended this requirement as non-compliant based on the evidence relating to the ineffective management, monitoring and escalation of a consumer’s skin integrity incident and subsequent wound that resulted in adverse outcomes for the consumer. Evidence included:

* An incident report was not raised by the registered nurse following the identification of a suspected (compromised) skin condition for a consumer’s, as required by the organisation’s policy.
* While a note for review by a medical officer was made on the day, there was no documented evidence staff monitored or reviewed the consumer’s skin condition from that time until the medical officer reviewed the consumer five days later, during which time the wound deteriorated significantly. Clinical management confirmed they were first made aware of the consumers condition on this day.
* The Assessment Team noted, and management concurred, incongruencies between the description of the wound on the chart and supporting photographs, which was created three days when skin fell off toe.
* On that day the visiting medical officer recommended an urgent wound specialist review.
* The consumer was transferred to hospital two days later following review by locum medical officer. Management said the consumer was diagnosed with sepsis and did not respond to treatment.
* Management acknowledged the service had missed opportunities to respond more quickly over the first five days, and that on the second and third day following identification care staff had reported discolouration of the toe to the registered nurse, who did not review, escalate or document in progress notes.
* Management confirmed wound prevention strategies, including bed cradle were not implemented until the day before the consumer was transferred to hospital.
* Management said the organisation’s protocols had not been followed on identification of the skin condition and there was a significant delay in clinical management becoming aware five days later. Management acknowledged a decision to seek treatment/advice sooner may have occurred.
* Management identified the need for further education on complex wound management and incident reporting with a series of toolbox talks already having occurred.

The provider’s response states the Assessment Team were informed the issue in relation to the consumer’s wound was confined to a single registered nurse’s documentation, and not practice.

There provider’s response states, the consumer’s change was documented on the day identified on the consumer’s skin integrity chart, in progress notes and communicated through handover. The response does not address the Assessment Team’s statement there was no evidence of monitoring and review over the five days, instead contending had the toe deteriorated significantly this would have been recorded in the chart and progress notes. No documentary evidence was made available by the provider to the decision maker to support their written response.

The provider’s response notes the incident report describing the consumers skin condition as bruised, however does not disagree with the Assessment Team’s evidence of medical officer’s description as swollen with redness and bruising and red patches on the lower leg.

The provider states the consumer’s body temperature was normal from time the changed skin condition was identified and blood glucose readings within parameters. Records of this evidence was not made available to the decision maker.

The provider’s response contradicts the Assessment Team’s evidence in relation to the condition of the consumer’s toe on the two days following the medical officer’s first visit, stating there was nil presence of increased bruising. The provider does not support this with records.

The provider states the toe was assessed by the medical officer three days after the first visit as dark purple, and not as described by the Assessment Team as black (necrotic). No evidence was provided to support this.

The provider acknowledges inconsistencies in the description of the wound in the wound chart and progress notes, stating difficulties in assessing the consumer due to a diagnosed condition and that additional education has subsequently been provided to staff. No evidence was provided to the decision maker.

The provider reiterated that at no stage during the medical officer’s consultation two days prior to the consumer’s transfer to hospital was a diagnosis made of sepsis. The provider notes that until this consultation the wound had been treated as an infection.

The provider dismisses the report’s evidence that management had told the Assessment Team a care staff had informed the registered nurse on the second and third days after identification that the toe was turning black, stating the consumer was not in pain, had a normal temperature and this was not recorded on skin integrity chart. The provider did not make these records available to the decision maker.

The provider addresses the Assessment Team’s evidence in relation to the bed cradle stating this was not assessed as appropriate for the consumer’s care needs, but the consumer had other comfort and pain management strategies in place. No evidence was made available to support this.

In summary, while the provider holds a different view to evidence record in the Assessment Contact report, no evidence was made available by the provider to support their view. On this basis, I place weight on the Assessment Team’s evidence and conclude the consumer’s changed skin condition and subsequent wound had not been appropriately managed, monitored and escalated. Thus, I find the service Non-compliant in this requirement.

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

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

### 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.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team recommended the service does not meet this requirement based on evidence that included set up of one donning and doffing station; an observation of staff donning/doffing practice; inconsistent availability of disinfectant wipes for equipment; an observation of staff not adhering to room density limits; and, an observation of student practice. The Assessment Team’s report also notes some of these deficits were addressed by management during the visit. The provider’s response also provides additional information in relation to the Assessment Team’s observations.

Based on the totality of the evidence available, I disagree with the Assessment Team’s recommendation and find the service is Compliant with this requirement.

# 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.

* Ensure staff practices enable the effective management, monitoring and escalation of consumer skin integrity incidents.

# Other relevant matters

Not applicable.