Estia Health Salisbury

Performance Report

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**Commission ID:** 6231

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 5 January 2021 to 6 January 2021

**Date of Performance Report:** 2 April 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)(a) | 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 28 January 2021.

# 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 Assessment Team assessed two of the seven specific Requirements in this Standard, Requirements (3)(a) and (3)(b). An overall assessment of this Standard was not completed at this Assessment Contact as a view of the whole Standard could not be reached.

The Assessment Team found the service was unable to demonstrate all consumers receive safe and effective clinical care which is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team also found the service was unable to demonstrate all consumers’ high impact or high prevalence risks associated with their care are effectively managed.

The Quality Standard is assessed as Non-compliant as two 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’s report described examples of care and services delivered to consumers. The report included information from review of care documentation and policies and interviews with consumers, representatives, staff and management. The Assessment Team found that care and services were not delivered in a way which is tailored to addresses consumers specific needs relating to depression and loss of independence and nutritional needs. The Assessment and Care plan did not record formal assessment for depression associated with the loss of a consumer’s mobility and independence or provide strategies to assist them to adjust to these losses. The report also described examples from sampled consumers where wounds have not been managed in accordance with Best Practice guidance. While wounds are initially staged when first identified as stage one pressure injuries, when wounds progress to unstageable wounds, there is no evidence of a referral to a wound specialist in a timely manner and no evidence of any change to pressure area care strategies.

In their response, the Approved Provider submitted information about the gaps identified by the Assessment Team. The summary letter states and attachments confirm that actions have been implemented following the Assessment Contact to provide support in relation to the sampled consumer’s depression and loss of independence. The Approved Provider agreed with the Assessment Team’s finding that a professional assessment had not occurred in relation to potential depression following amputation. They did not provide evidence to confirm that adequate assessment or monitoring of the consumers emotional needs had occurred since returning to the Service after an amputation and prior to the Assessment Contact. While I acknowledge that the Approved Provider is of the view that formal assessment was not required as the consumer did not display signs or symptoms of depression, it is reasonable to expect that a baseline would be established after a significant procedure which impacts the independence and mobility of a consumer. This did not occur in this case.

The Approved Provider disagrees with the findings of the team in relation to wound management not being best practice. They are of the view that staff have managed sampled consumers wounds in accordance with best practice guidance and that clinical staff have identified changes to consumers skin during routine assessments including wound reviews and assessments for pain when using PRN medication. While the response described factors associated with the likelihood of poor outcomes for healing for the specific consumer, the Approved Provider did not provide sufficient information to support that care had been delivered that was consistent with best practice guidance.

The summary letter submitted by the Approved Provider disputed the findings of the Assessment Team in relation to management of nutritional needs for a sampled consumer. The attachments confirm that appropriate oversight of nutritional needs for the consumer has occurred.

On balance, considering all the information before me, I am of the view that the Approved Provider does not comply with this requirement. While actions have occurred after the Assessment Contact to address the gaps identified, I am not satisfied that the Approved Provider demonstrated that they were providing care and services that are tailored to consumers emotional needs and is aligned to best practice wound management at the time of the Assessment Contact.

### 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’s report described examples of care and services delivered to consumers. The report included information from review of care documentation and policies and interviews with consumers, representatives, staff and management. The examples support that the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Specifically, the areas of monitoring and evaluation of pain management strategies and management of consumers with pressure injury wounds and associated conditions, and consumers at risk of choking and unintended weight loss.

The Assessment Team reported that while staff stated recognising changes in skin integrity of a consumer in the week’s prior to amputation, the care documentation does not reflect that this was identified or acted upon until two days prior to the amputation. Falls management was also observed to not be reflective of all possible causes such as infection or pain. Instructions for kitchen staff do not reflect dietician’s assessment. While the chef stated a consumer is on a weight reduction diet, the dietician report records the goals for the same consumer is to maintain weight & heal wounds. The Assessment Team found that the service was unable to demonstrate that they have reviewed consumers swallowing and risks associated with eating and drinking following all incidents of choking and aspiration or in accordance with the speech pathologist’s recommendation for review.

While the service has documented guidance for management of high impact and high prevalent risks associated with pain management, wound management and nutrition and hydration management, the practice described in the Assessment Team’s report demonstrates that the policies have been ineffective in guiding staff to identify and respond promptly to high impact and high prevalent risks for the sampled consumers.

In their response, the Approved Provider submitted information about the gaps identified by the Assessment Team. The response confirmed that documentation at the service showed review by podiatrist, GP and registered nurse however it did not demonstrate a change in skin integrity needs. This is despite the care staff at the service describing to the Assessment Team the changes in skin integrity occurring for the sampled consumer in the weeks prior to amputation. The Approved Provider confirms that despite risk factors displayed by the consumer of non-compliance with recommended prevention strategies, presence of MRSA and long-term non-healing of extensive pressure injuries, they did not refer to a wound specialist. They are of the view that the review by the podiatrist, GP and nurse was satisfactory. They did not provide any information to explain why their care staff reported to the Assessment Team, significant changes to skin integrity which they allege they reported to the registered nurse in the weeks leading up to amputation, but it was not documented in care documentation. It was not evident to the Assessment Team that issues identified by care staff had been acted upon by nursing staff, outside of their regular review protocol, as escalation was not represented in the documentation. While the response outlined that the Approved Provider was unaware of the likelihood of an amputation, they did not reconcile how early warning signs had not been referred for the attention of a wound management specialist, which may have alerted them to this possibility. It is implausible that chronic wounds with risk factors associated with delayed healing would progress from satisfactory, to a point requiring amputation in the space of two days.

The Approved Provider states in their response that they were not aware of ineffective pain management associated with staff not applying a foot boot correctly. They described actions taken since the Assessment Contact to ensure correct application.

While the information described by the Approved Provider demonstrates that interventions for incidences of pain are reviewed for effectiveness at the time, they did not present information that shows they had undertaken an analysis and evaluation over November 2020, despite an increase in frequency of prn medication. The analysis by the Assessment Team demonstrates an increasing frequency and duration of symptoms of pain. It is plausible to find that overall, the pain management strategies were not effective for the sampled consumer and that the Approved Provider was not cognisant of this.

The information provided by the Approved Provider confirms that they did not consider pain and infection as possible causes for falls for a sampled consumer. While they claim that the falls were not caused by these factors, they did not show how they had considered the presence of these risk factors for the consumer and excluded them from a list of likely causes. While they also assert that heel wounds are not material to the consumers falls, I find this implausible as the evidence of the Assessment Team and the Approved Provider confirms that the consumer had painful wounds on both heels and toes. This would undoubtably make ambulating more difficult than if there was no presence of heel wounds.

While the Approved Provider presented information confirming that another consumer had been referred to a wound specialist for delayed healing of chronic wounds, this was not done in a timely way. The referral occurred four months after the service identified deterioration to stage two. The deterioration was identified four months after it was identified as stage one.

I have considered the information provided by the Approved Provider relating to the identification and review of swallowing related risks and am satisfied that there had been regular review by speech pathologists and appropriate escalation following aspiration or choking episodes. While the risks had been explained to the consumer of eating food that is inconsistent with the speech therapist recommendations, she chooses to make food choices which she enjoys. There is no information to support that she is unable to make these choices. While I am satisfied that this doesn’t constitute non-compliance with this requirement, the service is advised that it should be included in the formal risk assessment to show risks have been explained and that the plan is to allow freedom of choice consistent with the consumers wishes.

On balance, while I am satisfied that there is sufficient evidence submitted by the Approved Provider to substantiate appropriate management of some high impact and high prevalence risks associated with consumers care, I am not persuaded that they are effectively managing risks associated with wound management and pain management. I am of the view that the Approved Provider does not comply 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.

### Requirement 3(3)(a)

*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 Approved Provider must demonstrate that:

* Staff practices in managing wounds are consistent with organisational policy and best practice and;
* Care and services are provided relating to the prevention and early identification of risk factors for depression when a procedure impacts mobility and independence, and these factors are adequately assessed.

### Requirement 3(3)(b)

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

The Approved Provider must demonstrate that:

* Risks associated with wound management are identified documented and escalated to prevent poor health outcomes for consumers; and
* Pain interventions are analysed and evaluated over a period of interventions to identify any themes or trends relating to the effectiveness of a program of interventions; and
* The effectiveness of policies and procedures in guiding staff practice in the management of high impact high prevalence risks, are evaluated to ensure effectiveness.