Gawler Grande Views

Performance Report

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**Commission ID:** 6894

**Provider name:** Martindale ACF Pty Ltd

**Assessment Contact - Site date:** 30 September 2021

**Date of Performance Report:** 6 December 2021

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 |
| Requirement 3(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 25 October 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 Quality Standard is non-compliant as one of two Requirements assessed has been found non-compliant. The Assessment Team assessed Requirements (3)(b) and (3)(d) in this Standard. All other Requirements in the Standard were not assessed at the Assessment Contact.

The Assessment Team recommended the service did not meet Requirements (3)(b) and (3)(d) in this Standard. The Assessment Team was not satisfied the service demonstrated high impact or high prevalence risks associated with the care of each consumer were effectively managed, and 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.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find the service non-compliant with Requirement (3)(b) and compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care. I have provided reasons for my findings under the specific Requirements below.

### 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 was satisfied the service demonstrated effective management of nutrition and hydration, wounds and pressure injuries. However, the Assessment Team was not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to pain, falls and behaviours.

Pain management

The Assessment Team was not satisfied pain for one consumer was assessed in accordance with their needs and in line with the service’s policy, pain relief was consistently monitored after being administered and all recommendations made by Dementia Support Australia (DSA) were implemented. Additionally, the Assessment Team identified intramuscular opiates were being administered to the consumer, which is not considered best practice. The Assessment Team provided the following evidence relevant to my finding:

* The consumer’s family member reported the consumer has left sided hip pain and they cry out in pain over the phone.
* Documentation demonstrated the consumer’s pain had not been assessed on movement, despite experiencing pain when it occurs.
	+ The consumer’s pain assessment states the consumer has left sided hip pain that is worsened by movement and weight bearing, with their pain being eight out of 10 when severe.
	+ The pain assessment did not provide guidance when to administer an oral and intramuscular (IM) opioid pain medication, despite them being administered on six and four occasions respectively during September 2021.
		- Management reported the IM medication is generally not provided unless a consumer is palliative, and it may have been prescribed by a locum as a short term measure for pain relief, which has continued and not been reviewed.
		- Two representatives advised they were not aware the consumer was receiving the IM medication.
	+ Despite two staff reporting the consumer’s hip pain is worsened on movement, pain charting never assessed pain on movement during the September 2021 sampled period.
	+ Pain charting commenced on 1 to 30 September 2021, however, there is no indication it had been evaluated.
* The consumer was reviewed by DSA who recommended four pharmacological strategies to manage the consumer’s pain, however, documentation showed only one of these recommendations were implemented.
* Documentation showed the effectiveness of as required (PRN) pain relief was not always monitored one hour after it was administered, as per the service’s pain management policy.
	+ Pain charting undertaken during September 2021 demonstrated the effectiveness of PRN analgesia was assessed on only 6 of 19 occasions.

Falls management

The Assessment Team was not satisfied falls management strategies for one consumer were effective and sensor mats were monitored to ensure they were in place. The Assessment Team provided the following evidence relevant to my finding:

* The consumer’s risk assessment details a number of strategies to minimise the risk of falling, including the use of a sensor mat to alert staff for assistance with mobility.
* Documentation showed following an unwitnessed fall in September 2021, a head to toe assessment was carried out and neurological observations were commenced, however, it was noted the consumer’s sensor mats were under their bed and their call bell was out of the socket.
* Documentation showed following the fall, both sensor mats were repositioned, and the call bell was plugged back in, and an alert was sent to all staff requesting they conduct a daily safety check.
* One staff reported they check sensor mats and call bells daily to ensure they are operational and plugged in.

Behavioural management

The Assessment Team was not satisfied one consumer’s behaviours were effectively monitored to minimise risks to other consumers and considered their Behaviour Support Plan (BSP) lacked sufficient detail to support staff to effectively implement strategies. The Assessment Team provided the following evidence relevant to my finding:

* Incident reports demonstrated two incidents where the consumer assaulted staff, with one incident resulting in a staff member sustaining a fractured nose.
* Staff reported the consumer has behaviours of concern, including physical aggression and refusal of medication, and explained they manage the consumer’s behaviours by keeping them in areas where they can be supervised, participating in one-to-one engagement and involvement in activities.
* The representative advised the consumer becomes frustrated due to communication barriers and having to wait for staff to assist with toileting.
* Interviews with management demonstrated behaviours were not monitored to ensure risks to the consumer, staff and other consumers is minimised.
	+ Management advised they do not monitor known behaviours. Management explained where interventions for known behaviours continue to be effective, it is not documented, and staff will let them know if there is an escalation of behaviours. Management reported seven day charting would only commence if a new behaviour is displayed or if interventions are no longer effective.
	+ Management stated behavioural management strategies are reviewed at care plan reviews.
* Some strategies in the BSP did not provide sufficient detail to support staff to effectively implement strategies.
	+ The consumer’s BSP detailed their behaviours as physical aggression, lack of insight of own abilities, medication refusal and attention seeking.
	+ While the BSP outlines a range of interventions to manage the consumer’s behaviours, they lack detail to guide staff practice. For example, the BSP requests staff ensure the consumer’s needs are attended to in a fashion they like, and routine is maintained, however, there is no detail in relation to how the consumer likes things done or what their routine is.
	+ Management acknowledged some strategies are somewhat vague and reported they would add more detail to the BSP.
* DSA recommendations were not implemented
	+ The consumer was reviewed by DSA and recommendations relating to medications.
	+ Management advised the report had not yet been reviewed at the time of the Assessment Contact.
	+ Incident reports show the consumer assaulted a staff member on at least one occasion after the DSA recommendations had been received.

The provider did not agree with the Assessment Team’s findings and maintains that high impact or high prevalence risks associated with the care of each consumer have been effectively managed. The provider asserts the following:

Pain management

* The consumer’s family member reported they would not know if the consumer was distressed or crying out in pain, as they live interstate.
	+ The provider’s response includes a statement from the consumer’s family member claiming they are satisfied with the consumer’s care; however, the statement does not refute their comments that the consumer cries out in pain.
* The service was already aware of and treating the consumer’s left hip pain.
	+ The provider’s response includes evidence to support this claim, such as x‑ray and CT scan results and pain charting.
* Pain on movement is regularly assessed for all reported pain, however, it may not be clear to those external from the service. As a result, changes have been made to the electronic care management pain charts which now include a prompt for staff to record if the assessment was made at rest or on movement.
* The DSA recommendations made are merely recommendations and the treating medical officer (MO) was beginning to implement the proposed recommendations and make adjustments slowly to determine the effectiveness of the treatment.
* The representatives stated they were aware the consumer was receiving the IM medication, however, they believed it was administered regularly not PRN.
	+ The provider’s response includes a letter (dated after the Assessment Contact) from the representatives in relation to the medication administered to the consumer. The letter thanks the service for their transparency and states there was a breakdown in communication, however, it does not state what the breakdown in communication was.
* IM medication was administered to the consumer out of necessity.
	+ The provider’s response includes a letter from the consumer’s doctor (dated after the Assessment Contact), which explains IM medication was prescribed as a fast remedy to relieve the consumer’s pain, as they were not tolerating oral analgesia. The letter indicates the IM medication was prescribed for pain relating to the consumer’s ankle, however, progress notes indicate it is being administered to reduce the consumer’s left hip pain.
* The effectiveness of PRN medications for oral and IM opioid pain medication were followed up with a post-review of effectiveness on every occasion as per the service’s pain management policy.
	+ The provider’s response includes pain charting for June to September 2021 and progress notes for September 2021, which demonstrates the following:

The consumer was administered PRN pain relief on 29 occasions during September 2021. Of these 29 occasions, a post-review of effectiveness was not conducted in line with the service’s policy on six (20.69%) occasions.

Of the 45 occasions the consumer was administered PRN pain relief from June 2021 to September 2021, a post-review of effectiveness was not conducted in line with the service’s policy on 15 (33.33%) occasions.

The above statistics include instances where the effectiveness of PRN pain relief was not reviewed within the hour after administration and where it was not followed up at all.

Falls management

* The consumer experienced eight falls during July and August 2021, which were all recognised, recorded, investigated and responded to.
* The incident regarding displacement of sensor mats and unplugged call bell was an isolated incident and during an incident investigation, the consumer stated they did not want to be a bother and moved the sensor mats out of the way.
* Additional measures had been implemented to minimise the consumer’s risk of falls prior to the Assessment Contact and the consumer has not had a fall in the six weeks since they have been implemented.

Behaviour management

* The consumer’s BSP was vague, as it is general in nature and although routine is important to the consumer, the sequence of events is not. Despite this, the consumer’s BSP has been updated to address deficits identified by the Assessment Team.
* The DSA recommendations had been reviewed by the MO prior to the Assessment Contact and the representative declined to implement recommendations of the introduction of chemical restraint. This choice continues to be respected.

Based on evidence presented in the Assessment Team’s report and provider’s response, I find at the time of the Assessment Contact, the service did not ensure high impact or high prevalence risks associated with the care of each consumer were effectively managed, specifically in relation to management of pain, behaviours and falls.

In relation to pain management, I find pain charts included in the provider’s response demonstrates the consumer’s pain was known, and a range of pharmacological and non-pharmacological management strategies were found to be effective in all instances where effectiveness was measured. While documentation shows the consumer’s pain was being responded to, it does not demonstrate it was effectively managed, as PRN pain medication was administered on 29 occasions during September 2021. Additionally, in the six weeks following a review by DSA, only one of four recommendations, which specifically related to management of the consumer’s pain, were implemented and despite the consumer experiencing heightened pain on movement, there is no evidence to indicate they had been assessed when this occurred. Documentation also demonstrates oral and IM opioid pain medication was being administered for pain other than what it was prescribed for, and there was limited information available to guide staff in the administration of pain relief.

Regarding behaviour management, I find the consumer’s BSP lacked detail to support staff in effectively implementing behavioural management strategies. I also find all recommendations made by DSA were not implemented in the six weeks after they were received, and incident reports show during this period the consumer assaulted a staff member on at least one occasion. I have considered that at the time of the Assessment Contact, staff reported the consumer displays behaviours of concern, including physical aggression and refusal of medication, which indicates the consumer’s behaviours were not effectively managed.

In relation to falls management, I find evidence in the Assessment Team’s report does not demonstrate falls prevention strategies were ineffective. I also find that after staff identified that sensor mats were displaced, and the call bell was not plugged in, documentation demonstrated action was taken to address the issue and staff were informed to ensure it does not reoccur. Additionally, there was no evidence to indicate this issue was a regular incident.

In coming to my finding, I have also considered evidence presented in the Assessment Team’s report under Standard 3 Requirement (3)(d), which demonstrates the frequency of post falls monitoring and observations were not always undertaken in line with the service’s procedure. For one consumer, progress notes indicate they were monitored on only three occasions in the 24 hours after the fall, instead of eight as per the post falls management procedure. Additionally, interviews with staff indicated the consumer’s injury occurred on a Friday and they were not reviewed until the following Monday.

Based on the above evidence, I find the service non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

### 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 was not satisfied the service demonstrated 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 identified the service recognised and responded to one consumer’s aspiration pneumonia in a timely manner. However, the Assessment Team was not satisfied deterioration and changes to the health and condition of two consumers that sustained fractures following unwitnessed falls had been recognised and responded to in a timely manner. The Assessment Team provided the following evidence relevant to my finding:

Consumer A

* Documentation demonstrated the consumer had an unwitnessed fall during August 2021.
* Progress notes demonstrated that following the fall, staff monitored the consumer’s vital signs, commenced neurological observations and assessed the consumer for injury, however, the frequency of monitoring and observations were not undertaken in line with the service’s procedure. Progress notes indicate the consumer was monitored on three occasions in the 24 hours after the fall, instead of eight as per the post falls management procedure.
* Other than an assessment of limb power carried out during neurological observations, there is no evidence in the progress notes to indicate any assessment of the consumer’s ankle had been undertaken. The limb power was assessed as normal.
* The representatives reported they spoke to the South Australian Ambulance Service (SAAS) paramedics following the fall and were told they did not believe the consumer had a fracture and would not need to go to hospital for an x-ray.
* One staff reported the consumer’s injury occurred on a Friday and they were not reviewed until the following Monday, when the consumer’s ankle was observed to be severely bruised.
* Documentation showed following a MO review and x-ray, it was confirmed the consumer’s ankle was fractured. The consumer was subsequently transferred to hospital.

Consumer B

* Documentation demonstrated the consumer had an unwitnessed fall during July 2021.
* Incident report data shows following the fall, vital and neurological observations were undertaken, and mild weakness to the left hand grip strength and pain to the left wrist noted. The MO requested monitoring via observations and pain charting.
* Progress notes indicate the consumer was regularly monitored for pain and was reviewed by a physiotherapist on three occasions during the four days following the fall.
* Progress notes also indicate x-rays were ordered after two and three days respectively following the fall. Staff followed up x-ray results and were told the consumer had nil fractures, however, when x-ray results were received the following day, it was identified the consumer had a fracture. The consumer was subsequently transferred to hospital.
* The representative reported they were unhappy with their family member’s post fall management, as they were in pain and there were delays with receiving required medical attention. The representative advised the consumer was ‘black and blue from the tips of their fingers to their elbow’ when seen at hospital.
* Management reported the consumer was still walking and weight bearing after the fall and was able to sit up on the bed, which would not have indicated a fracture to their hip. Additionally, the consumer was not demonstrating pain until later. Management reported the consumer was assessed by a provisionally licenced physiotherapist, who was supposed to be under supervision. This has since been reported to the Australian Health Practitioner Regulation Agency (AHPRA).
* Management explained there was a delay in receiving x-ray results and the incorrect information was provided to staff over the phone. These concerns have been escalated to the mobile medical imaging provider and changes have been implemented to ensure real time results are now received.

Consumer C

* In response to the consumer making aspiration sounds whilst breathing, vital signs were monitored, and action was taken to increase their oxygen levels. As the consumer’s condition continued to deteriorate, the SAAS was called and they were subsequently transferred to hospital where it was identified they had aspiration pneumonia.

The provider did not agree with the Assessment Team’s findings and maintains that staff escalated each consumer’s deterioration of physical function, capacity and condition in line with procedures and in a timely manner. The provider asserts the following:

Consumer A:

* There is no evidence suggesting the consumer’s fracture was a result of their fall.
	+ The provider’s response includes a letter from the MO (dated after the Assessment Contact) stating the consumer was still mobilising and weight bearing, and staff observed no deformity, bruising, tenderness and abnormalities at the time of and within 24 hours following the fall. The letter also states an x-ray was ordered and fracture confirmed in response to the consumer reporting new pain in the area on the Monday following the fall. The MO asserts the type of fracture can occur spontaneously with the consumer’s diagnosis.
* The consumer was monitored in line with the service’s procedure for soft falls/near misses, as they were monitored as soon as possible and after one hour following the fall. The consumer was found attempting to sit in the corridor outside their room and staff assisted them to the floor to prevent injury.
	+ While the provider’s response includes a copy of an undated revised falls management procedure, a copy of the falls management procedure in place at the time of the consumer’s fall was not provided.

Consumer B

* The consumer’s condition was monitored and responded to in line with the service’s procedure and they were reviewed by a physiotherapist who did not communicate information with staff.
* As the consumer’s deterioration was recognised and monitored, x-rays were ordered, however, there were delays with the receipt of radiology results and incorrect information was provided by the radiology service. These delays were caused by a breakdown in communication between the physiotherapy and radiology services.

Based on the Assessment Team’s report and provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service compliant with this Requirement. In coming to my finding, I consider the evidence presented does not indicate systemic issues with the recognition of and response to deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition.

In relation to Consumer A, I have considered that evidence presented in the Assessment Team’s report does not indicate the consumer was in pain or had issues mobilising during the three day period following the fall. I have also considered the MO’s assertion that the fracture was not as a result of the fall, as the type of fracture can occur spontaneously with their diagnosis. Based on the above, I find evidence does not indicate the consumer deteriorated or had a change in condition that required escalation during the period following the fall until they were transferred to hospital.

In relation to Consumer B, I have considered that during the period following the fall until the consumer was hospitalised, evidence indicates the consumer’s pain was regularly monitored and managed, and the service sought input from the physiotherapist and MO. I find that deterioration or change in the consumer’s condition was recognised and responded to in a timely manner, however, circumstances outside of the service’s control contributed to delays in the provision of care for the consumer’s fractures. I have also considered that the service took appropriate action to remediate these issues after they were identified to avoid them from reoccurring, such as reporting the physiotherapist to APHRA and negotiating real time radiology results.

With regard to Consumer C, I find the service further demonstrates 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, as the consumer was appropriately monitored following a change in their breathing and when interventions were not effective, the consumer was transferred to hospital for treatment.

Based on the above evidence, I find the service compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

# 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 undertake effective assessment of consumers’ pain.
* Ensure care planning documentation provides sufficient detail to guide staff in appropriate and effective administration of pain relief for each consumer.
* Ensure BSPs for each consumer includes sufficient information to guide staff in the effective implementation of behavioural management strategies.
* Ensure DSA recommendations are implemented in a timely manner.
* Ensure policies, procedures and guidelines in relation to post falls monitoring and observations are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to post falls monitoring and observations.

# Other relevant matters

The service was found non-compliant with Standard 2 Requirement (3)(a), Standard 3 Requirements (3)(a) and (3)(g), Standard 5 Requirement (3)(b) and Standard 7 Requirement (3)(a) following a Site Audit conducted on 6 April 2021 to 8 April 2021. These Requirements were not assessed at the Assessment Contact conducted on 30 September 2021