Gaynes Park Manor

Performance Report

251 Payneham Road
JOSLIN SA 5070
Phone number: (08) 8490 2100

**Commission ID:** 6955

**Provider name:** Churches of Christ Life Care Incorporated

**Assessment Contact - Site date:** 18 June 2021

**Date of Performance Report:** 5 August 2021

# 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

|  |  |
| --- | --- |
| **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 6 July 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The Assessment Team conducted an assessment of Standard 3 Requirement (3) (b), high impact and high prevalence risks, specifically in relation to pressure injuries and wound care. The Assessment Team reviewed two consumers, conducted interviews with one consumer and one representative and staff to understand further how the service manages this Requirement.

Based on the Assessment Team’s report and the approved provider’s response, I find the approved provider is Non-compliant with this 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 service was unable to demonstrate effective management of high impact or high prevalence risks associated with two consumers’ care. The Assessment Team found for the sampled consumers that:

* The service did not demonstrate effective monitoring and management of a consumer’s pressure injury which developed in January 2021, this includes appropriate planning and implementation of effective management in response to the signs and symptoms of reduced perfusion (blood flow) for the consumer.
* Wound documentation was not recorded accurately, and information documented did not reflect all wounds and measurements to signify deterioration or healing.
* Skin assessments were not conducted in response to changes in a consumer’s skin and previous assessments did not demonstrate clear interventions in relation pressure injury prevention and management as per wound specialist advice.
* The service did not demonstrate effective assessment and intervention for the management of consumers’ pain. The service did not demonstrate that pain assessments, monitoring and review were completed in accordance with the service’s pain management policy.
* The service did not demonstrate effective assessment or management of the consumer’s hydration or nutritional needs.

The approved provider submitted a written response and supporting documents in relation to the Assessment Team’s assessment contact report. The approved provider’s response provided further information in relation the issues identified by the Assessment Team. In their response, the approved provider also details they do not agree with all the Assessment Team’s findings. It is acknowledged the approved provider has demonstrated they delivered some aspects of personal and clinical care for the consumers. However, the approved provider’s response does not overcome or negate all evidence gathered by the Assessment Team in relation to effectively managing all risks associated with two consumers’ care.

In relation to pain charting and assessment, the approved provider’s response details that pain charts and assessments were completed for the two consumers. The approved provider submitted the consumers’ pain charts and assessments. However having reviewed this information, while the service demonstrated some occasions where the consumers’ pain was assessed and managed, pain charts and assessments did not demonstrate that on all occasions that the consumer reported or was assessed to have pain, that this pain was managed. Nor did the service demonstrate more comprehensive assessment, escalation, or review when the consumers’ experienced continuous episodes of moderate to severe pain.

In relation to reduced perfusion (blood flow) for one consumer, it is acknowledged that the approved provider undertook some observations to check blood flow for the consumer. It is also noted that the consumer had a plaster cast preventing complete assessment of all relevant observations and that review was sought by their general practitioner on occasions. However, documentation does not demonstrate consistent regular monitoring or effective processes to identify, assess and manage the changes in the consumer’s condition in a timely manner. This includes multiple occurrences of severe pain and while the consumer’s pain was managed with oral pain medication, further assessment and monitoring did not occur to consider the changes in the consumer’s blood flow perfusion status and reported pain.

In relation to wound management for two consumers, in their response, the approved provider acknowledged wound charts could have been clearer. It is noted that the service completes head to toe assessments to check the status of consumer’s skin each month. The approved provider’s response and supporting documents do not demonstrate that the findings from these assessments are effectively used to inform safe and effective delivery of the consumer’s care and services. While the service demonstrates some aspect of documentation and review of the changes in the consumer’s skin, documentation was inconsistent and did not demonstrate the service effectively identified, managed and assessed the consumers developed and developing pressure injuries.

In relation to nutrition and hydration for one consumer, the approved provider’s response and the Assessment Team’s findings demonstrate some involvement from relevant health professionals such as a dietician. However, the information did not demonstrate the consumer was weighed weekly as per dietician recommendation. Nor did the consumer’s nutrition and hydration monitoring documentation demonstrate consistent daily monitoring or further clinical assessment, monitoring and review when the consumer had no to minimal food and oral intake.

The approved provider acknowledged that improvement is required, and the following actions are planned or have commenced as outlined in the organisation’s continuous improvement plan:

* The service plans to create checklists to support registered nursing staff to complete care evaluations in line with procedure. This includes transfer and mobility, falls risk, restraint, malnutrition, pain, skin, and end of life.
* Develop and implement online training regarding care assessment, planning and evaluation, pain management, wound assessment and monitoring, nutrition and hydration management.
* Review procedures and processes in relation to pain management, wound management, post-acute assessment and management, nutrition and hydration, and monitoring tools for tracking food and fluid intake, recognising and responding to clinical status.
* Create management monitoring schedule for regular incident review processes and review shift handover processes.

The approved provider did not demonstrate effective management of all risks associated with the care of consumers for safety and quality including responding appropriately and promptly to consumer’s changing needs, applying best practice guidelines, and delivering consistent care and assessment. The approved provider also needs time to implement the planned actions to ensure this results in sustained systemic improvements for consumers.

I find this requirement is Non-compliant.

# 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)(b)

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

* Review processes for assessing and monitoring each consumer’s pain to ensure pain is effectively identified, assessed, managed, and evaluated. This should include processes to ensure consistent assessment strategies and documentation protocols are used to record the consumer’s pain.
* Review processes for assessing and documenting wound management. Ensure wound charts clearly identify the location of the wound and required interventions.
* Ensure assessment is used to inform and maintain effective management of high impact or high prevalence risks associated with the care of each consumer.
* Implement and maintain an improvement plan to ensure effective processes to recognise and respond in a timely manner to high impact/high prevalence risk associated with the care of each consumer. This includes implementing planned actions outline in the organisation’s continuous improvement plan and reviewing the effectiveness of these.

# Other relevant matters

A site audit was conducted on 8 to 10 June 2021 and a finding was made on 4 August 2021, the service was non-compliant in Standard 3 Requirement 3 (b) of high impact and high prevalence risks for consumers, specifically in relation to pressure injuries and wound care.