Gaynes Park Manor

Performance Report

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**Commission ID:** 6955

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

**Assessment Contact - Site date:** 4 November 2021

**Date of Performance Report:** 10 January 2022

# 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(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 November 2021
* the performance report dated 10 August 2021 following a Site Audit conducted on 8 to 10 June 2021.

# STANDARD 2 NON-COMPLIANTOngoing 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

The Quality Standard is assessed as non-compliant as one Requirement has been assessed as non-compliant. The Assessment Team assessed Requirement (3)(a) in this Standard. All other Requirements in the Standard were not assessed at the Assessment Contact.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in this Standard. This Requirement was found non-compliant following a Site Audit conducted on 8 to 10 June 2021 where it was found assessment and planning processes were not effective in identifying risks associated with potential unmanaged pain and one consumer’s safety in the event of an evacuation. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit.

The Assessment Team recommended the service did not meet Requirement (3)(a) in this Standard. The Assessment Team was not satisfied the service demonstrated assessment and planning informs the delivery of safe and effective care and services and includes consideration of risks to the consumer’s health and well-being, specifically in relation to pain management and skin integrity.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I find the service non‑compliant with Requirement (3)(a). I have provided reasons for my findings under the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team was not satisfied the service demonstrated assessment and planning, including consideration of risks, such as pain and pressure area management, consistently informs the delivery of safe and effective care and services. Specifically, care documentation demonstrated two consumers’ pain had not been identified in assessment and planning processes and staff were not using assessment and planning processes to document and inform the delivery of wound management and prevention. The Assessment Team provided the following evidence relevant to my finding:

Pain management

* Documentation demonstrated one consumer has a chronic ulcer which was identified in April 2021.
* The consumer was assessed by a wound specialist on three occasions:
	+ The most recent assessment undertaken during late October 2021 demonstrated the consumer’s wound had developed to a stage three pressure injury.
	+ For each occasion the consumer was assessed, they were noted to be in pain.
	+ On one occasion the consumer was assessed, they were noted to be hypersensitive to touch, and display high levels of anxiety and hyperventilating when perceiving touch.
* The consumer reported the following:
	+ They have their wound dressing completed daily, however, this process is painful, they are on edge after it has been carried out and the pain calms down after approximately half an hour.
	+ While they are offered pain relief, they often refuse as they take a lot of medication.
	+ One staff carries out a distraction strategy to make them feel at ease when the wound dressing is being attended.
* The consumer’s pain and wound care plans did not record the consumer’s pain in relation to their wound, associated risks or management strategies.
* While the service’s pain management procedure states care plan reviews should include reports from general practitioners and specialists, the consumer’s pain care pan did not include assessments and recommendations from the wound specialist.
* While one staff was aware of the consumer’s pain and could relay one non‑pharmacological strategy that is effective in distracting the consumer while the wound dressing is being carried out, this was not documented in the consumer’s care plan.

Skin integrity

* The Assessment Team observed one consumer’s heels to be red and skin fragile with both heels exposed.
* The representative reported the consumer has poor circulation to their feet and was unsure of pressure reliving strategies in place to prevent further skin deterioration. The representative also reported the consumer had a pressure relieving mattress, which is no longer in use as they found it uncomfortable and confirmed no other options had been explored to relieve pressure on their skin.
* Care planning documentation included inconsistent information in relation to the application of dressings on the consumer’s heels. For example, the consumer’s skin assessment instructs the use of compression and tubular bandages to manage skin integrity, however, the consumer’s wound assessment states no dressing is to be applied.
* Progress notes show the consumer was reviewed by a medical officer five days prior to the Assessment Contact, who requested the consumer’s dressings be removed.
* All staff reported the consumer has dressings applied to their heels. One staff explained the consumer’s heels were exposed at the time of the Assessment Contact, as they were due for a shower. Another staff reported they apply dressings to the consumer’s heels as directed by the representative.
* The Assessment Team could not find any evidence indicating the representative had requested dressings be applied to the consumer’s heels against the medical officer’s directive nor that the risks of doing so have been explained.

Compression bandages

* Skin assessments for two consumers identifies they need compression and tubular bandages.
* The Assessment Team observed both consumers were not wearing compression and tubular bandages at the time of the Assessment Contact.
* Representatives and staff reported both consumers do not wear compression bandages.

The service was found non-compliant with Requirement (3)(a) following a Site Audit conducted on 8 to 10 June 2021, where it was found assessment and planning processes were not effective in identifying risks associated with potential unmanaged pain and one consumer’s safety in the event of an evacuation. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including implementation of an evacuation plan and risk assessment for the named consumer, internal audit of consumers undertaking risky activity and staff training.

The provider does not agree with the Assessment Team’s findings and asserts that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

In relation to the consumer experiencing pain, the provider’s response includes documents demonstrating the consumer’s ulcer had been closely monitored and managed since early detection. The provider asserts this evidence demonstrates the consumer’s pain was identified and management strategies were documented to inform the delivery of safe and effective care and services. It is noted that pain and skin assessments included in the provider’s response are dated the day of and after the Assessment Contact respectively.

In relation to the consumer with redness to their heels, the provider asserts compression and tubular bandages are not a form of treatment to maintain the consumer’s skin integrity. The provider’s response includes two letters from a podiatrist dated August and September 2021, and reports they contain the most current treatment and care directives for dressing the heels.

The provider also asserts the two sampled consumers should not be wearing compression bandages in line with specialist recommendations. The provider’s response includes evidence of specialist directives for both consumers, none of which indicate the use of compression bandages. The provider’s response also includes one consumer’s skin assessment to demonstrate the use of compression bandages are not indicated. It is noted that the skin assessment included in the provider’s response is dated after the Assessment Contact.

I acknowledge the actions taken by the provider to address deficiencies identified by the Assessment Team, however, I find at the time of the Assessment Contact, the service did not demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

I have considered that while the service demonstrated sampled consumers’ risks were known, and specialist and medical officer input was sought where appropriate, specialist and medical officer assessments and recommendations were not incorporated into care planning documents to guide staff in the provision of care and services. As consumers’ risks were not documented in their care plan, management strategies had not been measured or reviewed for effectiveness to ensure the best outcome for the consumer.

In relation to the consumer experiencing pain, I have considered that steps were taken to ensure the consumer’s wound was closely monitored, dressing changes were undertaken and specialist input was sought where appropriate. However, at the time of the Assessment Contact, care planning documentation did not identify the consumer’s pain associated with the wound and did not detail associated risks or management strategies to inform the delivery of safe and effective care and services.

In relation to the consumer with redness to their heels, I have considered that care planning documentation was inconsistent and did not include accurate and up-to-date information to guide staff practice in maintaining the consumer’s skin integrity. While the provider’s response includes letters from a podiatrist regarding the use of dressings on the consumer’s heels, a later progress note from a medical officer requests the dressings be removed and heels monitored. Care planning documentation does not include any information indicating which of these directives are current and are to be followed when administering care to the consumer.

I have also considered that following specialist recommendations not to use compression bandages for two consumers, care planning documentation was not updated to reflect the consumer’s current needs and preferences.

Based on the evidence summarised above, I find the service non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 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

The Assessment Team assessed Requirements (3)(b) and (3)(g) in this Standard at this Assessment Contact. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been completed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(b) and (3)(g) in this Standard. These Requirements were found non-compliant following a Site Audit conducted on 8 to 10 June 2021. In relation to Requirement (3)(b), it was found that high impact or high prevalence risks associated with the care of each consumer were not effectively managed, specifically in relation to pressure injuries, pain management and nutritional assessment. In relation to Requirement (3)(g), it was found that standard and transmission-based precautions to prevent and control infection were not effective in minimising infection related risks.

The Assessment Team recommended the service meets Requirements (3)(b) and (3)(g) in this Standard, as the service was able to demonstrate high impact or high prevalence risks associated with the care of each consumer are effectively managed and infection-related risks are minimised through effective infection prevention control processes and appropriate antibiotic prescribing practices.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and I find the service compliant with Requirements (3)(b) and (3)(g). I have provided reasons for my finding under the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) 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 high impact or high prevalence risks associated with the care of each consumer are effectively managed. The Assessment Team provided the following information relevant to my finding:

* Three representatives were satisfied with the care consumers receive and provided examples of how their risks in relation to wounds and weight loss are being managed.
* Staff were aware of high impact or high prevalence risks associated with the care of sampled consumers and described strategies used to manage their risks.
* The service has a high risk register to monitor consumers’ risks in relation to diabetes, catheters, oxygen therapy, stomas, pressure area care and complex wounds, and chemical restraint.
* Documentation demonstrates effective management of consumers’ pain, falls, pressure injuries, diabetes and weight loss.

The service was found non-compliant with Requirement (3)(b) following a Site Audit conducted on 8 to 10 June 2021, where it was found high impact or high prevalence risks associated with the care of each consumer was not effectively managed, specifically in relation to pressure injuries, pain management and nutritional assessment. At the Assessment Contact, management reported improvements have since been implemented to address the non-compliance, including staff training and education, undertaking a procedural review, conducting family case conferences and development of a high risk register to monitor consumers’ risks.

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

### 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 was satisfied the service demonstrated infection-related risks are minimised through implementation of standard and transmission based precautions and practices to promote appropriate antibiotic prescribing and use. The Assessment Team provided the following information relevant to my finding:

* One consumer reported staff use gloves and wash their hands prior to carrying out their dressings.
* Staff explained processes to be undertaken when a consumer is unwell with a suspected contagious and non-contagious infection, and described actions implemented to minimise infection.
* Care planning documentation for three consumers with recent infections included information on infection prevention and control measures appropriate to the type of infection. Documentation for the three consumers also showed appropriate use of antibiotics.
* Documentation shows antibiotic use and vaccination rates are regularly monitored, and antimicrobial stewardship is outlined in organisational guidelines.
* Handwashing stations and sanitisers were observed to be located at frequent distances throughout the environment.

The service was found non-compliant with Requirement (3)(g) following a Site Audit conducted on 8 to 10 June 2021, where it was found standard and transmission-based precautions to prevent and control infection were not effective in minimising infection related risks. At the Assessment Contact, management reported improvements have since been implemented to address the non-compliance, including providing staff training and reinforcing existing policies.

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

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(c) in this Standard at this Assessment Contact. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been completed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(c) in this Standard. This Requirement was found non-compliant following a Site Audit conducted on 8 to 10 June 2021 where it was found representatives were not satisfied with the skills, knowledge and competency of staff providing specialised care and pain management and monitoring and review of staff practice was not effective in responding to deficits in staff practice.

The Assessment Team recommended the service meets Requirement (3)(c) in this Standard, as the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and I find the service compliant with Requirement (3)(c). I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team was satisfied the service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The Assessment Team provided the following evidence relevant to my finding:

* Three representatives reported they were satisfied with the care and services provided to consumers and considered staff are performing their roles effectively.
* Staff reported satisfaction with the training and support they receive and were able to describe the needs and preferences of sampled consumers. One staff reported the recruitment and orientation process has been improved to ensure they are comprehensively assessed and are competent to perform their role.
* Documentation shows all staff have completed training in various clinical areas in line with the mandated schedule.

The service was found non-compliant with Requirement (3)(c) following a Site Audit conducted on 8 to 10 June 2021, where it was found representatives were not satisfied with the skills, knowledge and competency of staff providing specialised care and pain management and monitoring and review of staff practice was not effective in responding to deficits in staff practice. At the Assessment Contact, management reported improvements have since been implemented to address the non-compliance, including implementation of a training matrix, ensuring staff training and competency assessments are undertaken and updating policies and procedures.

Based on the evidence summarised above, I find the service compliant with Requirement (3)(c) in Standard 7 Human resources.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirement (3)(d) in this Standard at this Assessment Contact. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been completed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(d) in this Standard. This Requirement was found non-compliant following a Site Audit conducted on 8 to 10 June 2021 where it was found risk management policies and procedures were not consistently applied and internal monitoring systems were not effective in identifying incorrect staff practices in relation to management of risk for consumers.

The Assessment Team recommended the service meets Requirement (3)(d) in this Standard, as the service was able to demonstrate risk management systems and practices are effective in managing high impact or high prevalence risks, identifying and responding to abuse or neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and I find the service compliant with Requirement (3)(d). I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team was satisfied the service demonstrated risk management systems and practices are effective in managing high impact or high prevalence risks, identifying and responding to abuse or neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. The Assessment Team provided the following evidence relevant to my finding:

* Staff reported they have completed training on elder abuse and neglect and described how they access education resources if needed. Documentation demonstrated staff have received training in relation to the Serious Incident Response Scheme (SIRS) and consumer rights.
* Documentation demonstrated consumers are supported to undertake activities of their choosing, including when there is an element of risk involved.
* Documentation demonstrated the service’s procedures and guidelines in relation to SIRS have been applied.

The service was found non-compliant with Requirement (3)(d) following a Site Audit conducted on 8 to 10 June 2021, where it was found risk management policies and procedures were not consistently applied and internal monitoring systems were not effective in identifying incorrect staff practices in relation to management of risk for consumers. At the Assessment Contact, management reported improvements have since been implemented to address the non-compliance, including implementation of a new clinical governance framework, amendment of auditing and monitoring processes, formulation of a clinical governance committee, review of policies and procedures, and staff training.

Based on the evidence summarised above, I find the service compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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 2 Requirement (3)(a)

* Ensure assessment and planning processes are in place to ensure risks to consumers’ health and well-being are considered and assessed, with management strategies monitored.
* Ensure care planning documentation is current and reflective of specialist or medical officer assessments and recommendations.
* Ensure staff have the skills and knowledge to identify risk to consumers’ health and well-being to enable assessment and planning processes to be undertaken in a timely manner.
* Ensure policies, procedures and guidelines in relation to assessment and planning are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment and planning.