Glenrose Court

Performance Report

550 Portrush Road
GLEN OSMOND SA 5064
Phone number: 08 8379 1449

**Commission ID:** 6764

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

**Assessment Contact - Site date:** 6 May 2021 to 7 May 2021

**Date of Performance Report:** 11 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  |
| **Standard 7 Human resources** |  **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(e) | 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 May 2021.
* The Performance Report dated 15 February 2021 for the Assessment Contact conducted 30 November 2020.

# 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 assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team assessed Requirement (3) (b) in Standard 3. All other Requirements in this Standard were not assessed.

The service was found Compliant with Requirement (3)(b) following an Assessment Contact conducted on 30 November 2020 as the service demonstrated effective management of high impact or high prevalence risks associated with clinical incidents, falls, weight loss and management of responsive behaviours. While the Assessment Team noted that generally the service demonstrated effective wound management, there were some deficits in relation to wound assessment and documentation.

At the time of the Assessment Contact on 6 May 2021, the Assessment Team found the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer in relation to diabetes management, pressure injury prevention and wound management.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the evidence provided by the service in response to the Assessment Team’s report, and have come to a view of compliance with Standard 3 Requirement (3)(b) and find the service Non-compliant with this Requirement. The reasons for the finding are detailed in the specific Requirement 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 not satisfied that the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer in relation to wound management, pressure injury prevention and diabetes. However, the Assessment Team was satisfied the service effectively managed one’s consumer’s pain.

In relation to pressure injury prevention and wound management, the Assessment Team found:

* A consumer’s (Consumer A) pressure injury prevention strategies were not consistently documented in their care plan, and staff interviewed were inconsistent with their understanding of the consumer’s pressure injury prevention strategies.
* Consumer A’s wounds were observed to be undressed and exposed, resting on a dirty floor (pressure not offloaded) and were not dressed for three and a half hours.
* The Assessment Team noted on Consumer A’s recent hospital discharge summary the presence of a multi-resistant organism infection, however staff at the service were not aware that the Consumer had this infection.
* Another consumer’s (Consumer B) dressings were observed to be dirty at the time of the Assessment Contact.
* A consumer’s (Consumer B) wounds were not swabbed following completion of antibiotics to treat a wound infection and the consumer’s wounds had not been redressed according to the wound management plan and were observed to be dirty at the time of the Assessment Contact.
* A consumer’s (Consumer C) legs were observed to be discoloured and swollen at the time of the Assessment Contact, and registered nurses interviewed were not aware of the discolouration to the consumer’s legs.

In relation to diabetes management, the Assessment Team found:

* The Assessment Team noted that Consumer A’s diabetes was not managed effectively contributing to a hospital admission. In addition, high blood glucose levels were not re-checked to monitor the levels, and the diabetes management plan had not been evaluated for over two months despite trending high blood glucose levels.
* Staff interviewed were inconsistent with their understanding of the service diabetes management procedures and Consumer A’s diabetes management plan.
* Consumer A’s diabetes sick day management plan did not provide guidance to staff regarding increased frequency of monitoring if Consumer A was unwell.
* Interviewed Consumer A’s representative who stated they observe unsuitable food having been provided to Consumer A by the service and this impacts the blood glucose levels.

The Assessment Team included evidence in their report which indicated ineffective management of responsive behaviours for one consumer:

* Consumer D had been referred to and reviewed by a specialist geriatrician in relation to management of responsive behaviours, including refusal of care, however, there was no documented strategies for the management of Consumer D’s responsive behaviours.
* The Assessment team noted that Consumer D had not been referred to a specialist dementia service, as recommended by the specialist geriatrician, or discussed at the service’s multidisciplinary meetings for six months, despite ongoing behavioural responses. During the Assessment Contact, the service referred Consumer D to a specialist dementia service and a case conference with Consumer D’s representative was organised to discuss management of responsive behaviours, including oral care.
* Staff interviewed regarding the care of Consumer D were able to explain varied strategies they implemented to manage the consumer’s responsive behaviours. However, staff did not always document in the progress notes when Consumer D refused care and/or assistance with activities of daily living.
* The Assessment Team interviewed Consumer D who expressed that they did not require assistance with showering or dressing and was able to do these independently.
* The Assessment Team interviewed Consumer D’s representative, who explained that they regularly find the consumer ungroomed, and wearing the same dirty clothes. The representative explained that Consumer D is very difficult for staff to manage and staff try to provide care, however, the consumer is aggressive and declines assistance, so staff are usually unsuccessful. The representative expressed that the consumer could also be aggressive towards family and they were unsatisfied with the communication from the service relating to the Consumer’s specialist geriatrician review and refusal of care, including oral care.

The provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation of not met. The provider’s response addressed that the report made a number of statements that were inaccurate and provided information and supporting documentation directly addressing the Assessment Team’s report. The provider’s response included, but was not limited to:

In relation to pressure injury prevention and wound management, the service:

* Provided Consumer A’s care plan and skin integrity risk assessments dated prior to the Assessment Contact that demonstrated pressure injury prevention strategies were consistently documented, including frequency of repositioning and these strategies were appropriate for the assessed risk.
* Explained that Consumer A’s wounds were exposed and undressed as they had been taken down ready for the registered nurse to review and re-dress, including one of the wounds which the Consumer sustained in hospital. The service provided a wound assessment plan that documented the wounds were re-dressed much earlier than stated in the report. However, the service agreed that leaving wounds open waiting for the RN assessment was not appropriate clinical care.
* Provided the hospital discharge summary for Consumer A which documented the multi-resistant organism infection referred to was part of Consumer A’s medical history, as in, the infection was dated several years prior. There was no current infection.
* Provided information that demonstrated Consumer B’s wounds were swabbed following completion of a first course of oral antibiotics for a wound infection, at the instruction of the medical officer, as the infection was not resolved. The consumer required a second course of antibiotics. The wound was not re-swabbed following completion of the second course as the signs of infection had resolved. Provided documentation that demonstrated Consumer B’s wounds showed no signs of infection following completion of the second course of oral antibiotics and explained that their wounds had been re-dressed according to the wound management plan, except for one date, as the Consumer had refused dressings on that date. The service provided a copy of the progress notes where staff had documented the consumer refused dressings on that date.
* Provided documentation that Consumer C experiences ongoing/recurrent swelling of the legs, however, skin check undertaken by care staff following the Assessment Contact did not demonstrate discolouration as described in the Assessment Team report.

In relation to diabetes management for Consumer A:

* Disagreed that Consumer A’s diabetic management plan had not been reviewed since February 2021, and provided information that demonstrated Consumer A’s elevated blood glucose levels and management had been reviewed by the consumer’s GP in March 2021, and medical officers in May 2021 during hospitalisation.
* Explained that according to the diabetes management plan the GP did not require staff to monitor (re-check) the blood glucose level if above the target range, however required staff to contact them for instructions if above the target range. The diabetes management plan instructs staff to monitor (re-check) blood glucose levels if below the target range.
* Service agreed that at times, Consumer A had been provided dietary items by service staff that were not suitable and impacted their blood glucose level, however Consumer A had also been provided unsuitable food items by family.

In relation to behaviour management:

* Agreed that referral to dementia support services had not been timely and the Consumer D has now been reviewed.
* Provided care plan for Consumer D dated prior to the Assessment Contact that demonstrated strategies for the management of Consumer D’s responsive behaviours and refusal of care are documented.
* Explained how staff are trained and supported to provide care for consumers who experience dementia and responsive behaviours.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the evidence provided by the service in response to the Assessment Team’s report. Based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, high impact or high prevalence risks were not effectively managed for each consumer in relation to wound management and diabetes. In coming to my finding, I have considered the following.

In relation to pressure injury prevention, the service demonstrated through documentation that Consumer A’s pressure injury prevention strategies were planned and communicated to staff on the care and services plan and were appropriate for a consumer at high risk of developing pressure injuries. In addition Consumer A had been absent from the service for a number of days prior to the Assessment Contact, returning the previous evening with an additional pressure injury acquired during hospital admission, such that I have considered that it is not unreasonable that staff may have been inconsistent with their knowledge of Consumer A’s pressure injury prevention care at the time of the Assessment Contact.

In relation to wound management the service has directly addressed the findings of the Assessment Team regarding the swabbing of wounds following treatment for wound infections which supports that Consumer B’s wound infection was effectively managed. In addition, the documentation relating to Consumer A indicates multidisciplinary consultation regarding wounds. However, the documentation related to Consumer A and B did not demonstrate comprehensive or accurate wound assessment documentation, with all characteristics of the wound accurately or consistently assessed and documented. While the service has agreed that leaving wounds exposed waiting for the clinical assessment was not appropriate, I considered that at the time of the Assessment Contact, this did not demonstrate that staff have an understanding of optimal conditions for wound healing or prevention of associated risks, such that wounds are dressed in a timely manner or that the staff understand best practice wound assessment and their responsibilities to comprehensively assess wound characteristics, in relation to care staff removing wound dressings prior to clinical staff attending the wound.

In relation to diabetes management, the service response provided progress note documentation that demonstrated service staff have been reminded to not provide Consumer A with unsuitable food that impact their blood glucose level. While I acknowledge the challenge of also considering consumer choice, the service was unable to demonstrate effective strategies to minimise the provision of unsuitable food which impacts Consumer A’s blood glucose levels. In addition, the service has not demonstrated effective management when the consumer experiences high blood glucose levels. Specifically, the service has stated that high glucose levels are not monitored for Consumer A as the medical officer did not have this requirement. However, the service has not demonstrated application of reasonable clinical judgement by considering monitoring consistently high blood glucose levels that may place a consumer at risk of hyperglycaemic emergencies or adverse outcomes.

In relation to management of responsive behaviours, the service demonstrated that strategies for the management of Consumer D’s responsive behaviours and refusal of care are adequately documented in the care plan. The care plan provides staff with information related to Consumer D’s psychosocial history, triggers for behavioural responses and strategies for staff to implement relating to (but not limited to) communication, meaningful activities, hygiene, refusal of care and dietary preferences. However at the time of the Assessment Contact, the service did not demonstrate effective management of high impact or high prevalence risks associated with the management of Consumer D’s responsive behaviours with timely referral to external dementia support services as recommended by the geriatrician.

For the reasons detailed above, I find Glenrose Court, Churches of Christ Life Care Incorporated Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 7 NON-COMPLIANTHuman 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.

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(a) in Standard 7. All other Requirements in this Standard were not assessed.

The Assessment Team have recommended Requirement (3)(a) as not met. as the service was unable to demonstrate that the organisation has a workforce that is planned to enable the number and mix to ensure the delivery and management of safe and quality care and services. While the organisation had a system for planning and reviewing the workforce model, the service was unable to demonstrate this was effective. Staff and consumers interviewed indicated there was insufficient staff to provide care and the Assessment Team observed care provision for consumers being impacted.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the evidence provided by the service in response to the Assessment Team’s report, and have come to a view of compliance with Standard 7 Requirement (3)(a) and find the service Non-compliant with this Requirement. The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found the service was unable to demonstrate that the workforce has sufficient numbers and skill mix of staff to provide safe and quality care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* While the majority of five consumer representatives interviewed were satisfied with staffing levels at the service, nine of 14 clinical and care staff interviewed indicated there was not enough staff to provide care, as there has been an increase in the acuity of consumers including an increase in the number of consumers that require two staff to assist them. Staff stated they were unable to complete wound management, weights, urine testing, hygiene, assisting with toileting, evaluation of ‘as required’ pain relief and provide care for consumers who experience responsive behaviours and require extra support and time with activities of daily living.
* The Assessment Team interviewed two consumers (Consumer A and Consumer B), observed staff provision of their care and reviewed their call bell wait time data over a two week period:
* The two consumers interviewed indicated staff do not always answer their call bells in a timely manner which can result in waiting for administration of pain relief and incontinence. Specifically, at the time of the Assessment Contact, Consumer B stated they were experiencing pain and had called for staff and they had not attended.
* The Assessment team observed Consumer A wait 18 minutes for staff to respond to a call bell following an episode of incontinence, and staff were unable to assist at the time they responded as they were attending other consumers.
* The Assessment team observed Consumer B call for assistance and staff contacting a float staff member to assist the consumer, however no staff assisted the consumer.
* Call bell data over a two week period indicated that both consumers experienced wait times of up to 30 minutes.
* While the service was able to demonstrate call bell wait times have reduced in the preceding 12 months and there is a process to monitor call bell response times, the service was unable to demonstrate actions are taken in response to monitoring the results.

The provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation of not met and consider they have appropriately skilled and qualified staff in sufficient numbers to deliver care. The provider supplied information and supporting documentation directly addressing the Assessment Team’s report. The provider’s response included, but was not limited to:

* Explained the internal and external benchmarking and formulas used to determine the number and mix of staff required to provide care and ensure resources are appropriately allocated to meet the needs of consumers.
* Reviewed staffing hours in March 2021, including review of acuity (clinical complexity) of consumers, which identified that staffing was appropriate and did not require variances. This review is now occurring quarterly, not annually.
* Provided a survey conducted in late 2020 which demonstrated 70% of the consumer and family responses were satisfied with staffing levels. Implemented an action plan based on the 22% of responses that indicated staffing could be improved. The action plan included improving staff visibility and positive interaction with consumers.
* Undertook a trial for changing staff allocation, reallocating a care staff member from Wattle to Correa which resulted in positive feedback from staff such that this re-allocation has become permanent.
* Commencing a staffing model to ensure consistency of care for consumers, with staff allocated to the same areas.
* Installed additional technology for staff to access in their areas of work, such that they can complete their documentation in their work area.
* Advised that the two consumers interviewed and reported waiting for care have a cognitive impairment (dementia).

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the evidence provided by the service in response to the Assessment Team’s report. I find that the service has been unable to demonstrate that their workforce is sufficiently planned to enable the number and mix of members to provide safe and quality care and services. In coming to my finding I have relied upon the Assessment Team’s observations in relation to consumer’s needs not being met in a timely manner. I acknowledge the provider’s response which indicates benchmarking demonstrates the service has adequate staffing numbers but in coming to my finding, I have also relied upon staff and consumers feedback, which includes a number of staff indicating there are insufficient staff numbers to support adequate and appropriate provision of care. While the service asserts that the two consumers interviewed by the Assessment Team have dementia, I consider these consumer’s lived experiences cannot be dismissed based on their diagnosis of dementia. Additionally, while the service has a call bell response review process, they were unable to demonstrate they use the results of this process to understand consumer impact in relation to call bell responses outside of the service’s key performance indicator.

For the reasons detailed above, I find Glenrose Court, Churches of Christ Life Care Incorporated Non-compliant with Requirement (3)(a) 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)(e) in this Standard at this Assessment Contact. All other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard has not been completed.

This Requirement was found to be Non-compliant following an Assessment Contact conducted on 30 November 2020. At that time, the service was unable to demonstrate effective systems in relation to minimisation of restraint to ensure psychotropic medications were appropriately reviewed and monitored or that appropriate consultation occurred with consumers and/or their representatives in relation to the use of the medicines.

The Assessment Team have recommended Requirements (3)(e) in this Standard as met. The Approved Provider did not submit a response to the Assessment Team’s findings in relation to this Requirement.

Based on the findings and evidence in the Assessment Team’s report, I find Glenrose Court, Churches of Christ Life Care Incorporated, Compliant with Standard 8 Requirement (3)(e). I have provided reasons for my finding in the specific Requirements below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

Following an Assessment Contact on 30 November 2020, this Requirement was found to be Non-compliant as the service did not demonstrate effective governance in relation to minimising the use of restraint (restrictive practices). It was found that the service did not recognise the use of chemical restraint at the service. As such, consumers who were prescribed psychotropic medicines which are not recognised as medicines that treat dementia, were not assessed, monitored and there was no evidence of trialling alternatives or written and recorded consultation and informed consent from the consumer and/or representatives.

The service agreed that there were gaps in the service’s interpretation of chemical restraint. In response to the deficiencies, the service implemented improvements including (but not limited to):

* All consumers prescribed psychotropic medicines were referred to their GP for a review of medicines.
* The service reviewed and updated their psychotropic medication self-assessment spreadsheet to ensure necessary information was captured, including (but not limited to) review dates, consultation, informed consent and addition of a chemical restraint matrix to prompt staff in ensuring relevant information was captured regarding the use of chemical restraint for each consumer.
* Four monthly care plan reviews now include documentation of consumer, representative and GP consultation.
* Monthly monitoring and reporting of psychotropic medicine use, including type and number of doses.

The Assessment Team provided the following findings and evidence in relation to their recommendation of met in this Requirement:

* A sample of consumer documentation demonstrated consultation and informed consent with consumers and/or representatives regarding the use of psychotropic medicines.
* The service demonstrated that a restrictive practice (restraint) policy and chemical restraint procedure was in place.
* Management reported there has been a reduction of PRN (as required) psychotropic medicine use at the service as a result of deprescribing, dose reduction and implementation of non-pharmacological strategies for consumers with responsive behaviours.
* The service demonstrated a clinical governance framework was in place at the service, and included audits, surveys and monitoring of consumer clinical incidents, and key performance indicators.
* The Assessment Team reviewed information related to a representative complaint which demonstrated an open disclosure process in place.

For the reasons detailed above, I find Glenrose Court, Churches of Christ Life Care Incorporated Compliant with Requirement (3)(e) 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.

* Ensure staff have an understanding of optimal conditions for wound healing such that wounds are not left exposed and are dressed in a timely manner to optimise wound healing.
* Ensure clinical staff understand best practice wound assessment and their responsibilities to comprehensively assess wound characteristics, in relation to the service’s process where care staff remove wound dressings prior to clinical staff attending the wound.
* Ensure registered nurses undertake consistent, accurate and comprehensive wound care documentation that aligns with best practice wound assessment and documentation, to promote continuity of care, and the ability to determine if the wound care delivery is effectively meeting the goals of wound care. Consider how registered staff will meet their responsibilities for comprehensive wound assessment and documentation utilising the service chart which may limit selection options.
* Ensure registered nursing staff have the knowledge and skill to correctly identify and stage/classify pressure injuries.
* Ensure staff have adequate guidance that aligns with best practice diabetes management in relation to hyperglycaemia assessment, monitoring and sick day management.
* Ensure the service has an effective process in place to assist consumers with diabetes and dietary recommendations to optimise their health and wellbeing.
* Ensure the service has an effective process to monitor and understand impacts to consumers in relation to staffing levels at the service.
* Ensure an appropriate number of staff to provide timely quality care and services.