Helping Hand Aged Care - Mawson Lakes Facility

Performance Report

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**Commission ID:** 6207

**Provider name:** Helping Hand Aged Care Inc

**Assessment Contact - Site date:** 12 August 2021

**Date of Performance Report:** 28 September 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

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| --- | --- |
| **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 consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 2 September 2021.

# STANDARD 3 NON-COMPLIANT 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 Quality Standard is Non-compliant as the one Requirement assessed has been found Non-compliant.

The Assessment Team assessed Requirement (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact and have recommended this Requirement not met. The Assessment Team were not satisfied the service effectively managed high impact or high prevalence risks associated with the care of each consumer, specifically in relation to wound care and pressure injuries.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Mawson Lakes Facility, Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding 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 were not satisfied the service effectively managed high impact or high prevalence risks associated with the care of each consumer, specifically in relation to wound care and pressure injuries for five consumers. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* Consumer A sustained a blister to the heel in April 2021. The area was not adequately assessed on identification.
* The wound was not dressed in line with care plan directions and deteriorated to a stage 2 wound 35 days after identification.
* Wounds have not been consistently measured and when photographs have been taken, the photographs are at varying angles and proximity.
* Consumer A sustained a stage 2 pressure injury in April 2021. The consumer’s care plan directs staff to report any (skin) redness. There is no documentation in progress notes relating to deterioration of skin integrity until the pressure injury was identified.
* The initial wound assessment completed on identification does not include any information relating to wound characteristics and no photograph was taken.
* Characteristics of the wound have not been consistently documented. Measurements were not completed in line with wound assessments on eight occasions in May 2021.
* The wound has not been attended to in line with stipulated treatment time frames.
* Eighteen days after identification, the wound was reviewed by the Medical officer and appeared infected. Antibiotics were commenced without a wound swab being taken.
* Turning charts indicate Consumer A was not repositioned in line with the skin assessment.

Consumer B

* Consumer B was identified with a stage 2 pressure injury in August 2021. The service failed to identify a change in skin integrity until the skin had broken down.
* A skin assessment was updated on identification of the pressure injury, however, the assessment does not mention the newly acquired pressure injury.
* A repositioning handover dated two days following identification of the pressure injury directs staff to reposition Consumer B two-hourly during the day and three to four hourly overnight. This is not congruent with the electronic repositioning chart which indicates four hourly repositioning.
* Three care staff stated Consumer B is repositioned four hourly as this is the requirement in the electronic chart.
* Clinical staff reported a repositioning chart was in place for Consumer B, however, the chart sampled had not been completed since 19 June 2021.
* Consumer B’s continence needs and pain were last assessed in February 2021. This is not in line with the service’s procedure which indicates a care plan review is scheduled when there are any changes to a resident’s care needs or condition are noted.

Consumer C

* Consumer C has a current stage 3 pressure injury. The wound was initially reported in December 2020 as a stage 1 pressure injury.
* Progress notes and feedback from management indicate the wound continues to deteriorate.
* The representative expressed concerns to the Medical officer and the service in March 2021 resulting in further investigations and a referral to a specialist service.
* Staff did not effectively manage the wound or seek specialist reviews when signs of deterioration were first noted. Additionally, pressure area prevention strategies to support effective wound healing were not effectively implemented.
* Wound charts and progress notes for a period of 178 days indicate wound characteristics have not been consistently recorded.
* Progress notes for a 10 day period in August 2021 demonstrate the wound has not been dressed in line with care instructions.

Consumer D

* A pressure injury was first identified as a stage 2. A full assessment was not undertaken on identification as an agency nurse was caring for the consumer.
* The wound has not been consistently dressed in line with the wound care plan or photographs taken in line with the service’s processes.

Consumer E

* Dressings to a skin tear sustained on 3 August 2021 have not been consistently undertaken in line with the wound care plan.
* Wound characteristics were not documented on the wound chart when the wound was dressed seven days after identification.
* A reassessment of pain following the injury has not occurred despite pain relief being administered every night following identification of the skin tear.

The provider did not dispute the Assessment Team’s findings and have expressed a commitment to continued improvement to rectify the issues identified in the Assessment Team’s report. A Plan for Continuous improvement addressing the deficits identified in the Assessment Team’s report has been developed and was included as part of the provider’s response. The provider’s response included, but was not limited to:

* Clinical management continue to closely monitor all wounds and provide one-on-one support and guidance to clinical staff relating to wound management.
* Staff have received education on maintaining skin integrity, skin tear management and wound management.
* Reviewed pressure relieving strategies for consumers with pressure injuries or those identified as high risk of developing pressure injuries.

The Plan for continuous improvement includes:

* Education for staff relating to wound charting documentation requirements, identifying signs of early pressure injuries and the escalation process, wound photography and dealing with deteriorating wounds.
* Review of the wound audit tool and increasing the frequency of wound care audits until improved compliance is evident.

In relation to Consumer A

* Acknowledge documentation deficits in relation to wound care and repositioning charting.
* A serious incident investigation into the care of Consumer A was completed in response to a complaint from the family. Recommendations from the investigation were in the process of being actioned at the time of the Assessment Contact.
* Implemented a case conference process to facilitate effective communication with consumers and family members regarding care planning processes.
* Reviewed the current high risk resident management process to include a feedback mechanism to residents and family members to ensure they are provided detailed information on how high risk issues are being managed.
* Established a trial of an early detection of clinical deterioration process to enable prompt recognition and escalation of concerns or noted changes in consumer health.
* Reviewed the organisation’s skin integrity procedure.

In relation to Consumer C

* Acknowledge deficits and inconsistencies in wound charting documentation. These issues had been identified by the site and were in the progress of being addressed.
* Helping Hand has been proactively addressing a complaint made by the representative who is now extremely satisfied with the care provided to the consumer.
* Believe the improvement in Consumer C’s wound provides evidence that while staff may not be accurately documenting, wound care is being attended.

In relation to Consumer D

* Acknowledge deficits in wound care documentation.
* Acknowledge the pressure injury was first reported as a stage 2 injury and have identified an opportunity to provide pressure injury prevention training to care staff.

In relation to Consumer E

* Prior to the Assessment Contact, the organisation had released a comprehensive pain management procedure. The procedure includes an expectation that a pain chart be commenced following reports of pain or after an incident. The guideline was endorsed by an organisational committee in July 2021 and will be implemented and introduced to staff via education.

The provider’s response did not address the issues raised in relation to Consumer B.

I acknowledge the provider’s response to the Assessment Team’s report. However, 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, specifically in relation to skin integrity and wound management, were not effectively managed for each consumer.

In coming to my finding, I have considered that for consumers highlighted in the Assessment Team’s report, wounds were not adequately assessed on identification or in line with wound treatment plans, wound characteristics were not consistently documented or photographs consistently taken. I have also considered that for Consumers A, B and D, staff failed to identify changes in consumers’ skin integrity, with pressure injuries for all three consumers not being identified until they were stage 2 pressure injuries. Additionally, for Consumer C, despite feedback from management and progress note entries indicating a pressure injury was deteriorating, specialist interventions were not sought with further investigations only being initiated subsequent to concerns raised by the representative.

I acknowledge the actions taken by the provider in response to the deficits highlighted in the Assessment Team’s report. However, I find it is not unreasonable for consumers to expect their skin integrity is monitored during activities of daily living and changes to skin integrity identified and escalated to ensure appropriate review and actions are initiated. Additionally, considering the nature of the wounds described, particularly for Consumers A, B and C, consumers should expect their wounds to be monitored at each treatment, including consideration of wound appearance and measurements of the wound undertaken. Such practices would ensure wound progression is monitored, wound deterioration is identified in a timely manner and actions taken accordingly.

For the reasons detailed above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Mawson Lakes Facility, Non-compliant with Requirement (3)(b) 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)**

* Staff have the skills and knowledge to:
* review and undertake wound treatments in line with wound treatment plans, ensuring wound measurements and appearance are routinely documented and photographs are taken.
* identify and escalate changes to consumers’ skin integrity and wounds.
* Ensure policies, procedures and guidelines in relation to skin care and wound management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to skin care and wound management.

# Other relevant matters

The service was found Non-compliant with Standard 4 Requirement (3)(b), Standard 5 Requirement (3)(b), Standard 7 Requirement (3)(a) and Standard 8 Requirement (3)(c) following a Site Audit conducted 23 February 2021 to 25 February 2021. These Requirements were not assessed at the Assessment Contact conducted 12 August 2021.