Klemzig Residential Care Services

Performance Report

2 Leighton Avenue   
KLEMZIG SA 5087  
Phone number: 08 8266 2233

**Commission ID:** 6957

**Provider name:** Hahndorf Holdings Pty Ltd

**Assessment Contact - Site date:** 30 July 2020

**Date of Performance Report:** 28 August 2020

# Publication of report

This Performance Report **may 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** | **Compliant** |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(d) | 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 20 August 2020

# STANDARD 3 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 assessed as Compliant as one of the seven specific requirements have been assessed as Compliant.

For the purpose of the assessment contact Requirement (3)(b) in relation to Standard 3 Personal and clinical care was assessed. The Assessment Team found the service did not meet this requirement in relation to one consumer not having the risks associated with an injury managed effectively. The approved provider’s response disagreed with the Assessment Team’s findings and provided additional evidence on how the service effectively managed the risks associated with one consumer’s injury. I find the service compliant with Requirement (3)(b) and have provided reasons for my decision below.

All other requirements in relation to Standard 3 Personal and clinical care were not assessed and an overall assessment of this Standard not completed.

### 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 found one consumer’s risks associated with injuries and change of clinical care following an incident were not monitored or managed effectively. Relevant evidence to my decision included:

* The consumer sustained an injury of unknown cause identified through signs of increased bleeding on 24 July 2020 at 8.52am. The consumer had a reported incident at 6.00am on 24 July 2020 of rolling out of bed resulting in a minor injury to the left lower leg.
* Care staff interviewed could not describe care measures implemented in relation to the increased bleeding.
* The injury was not monitored appropriately, however multiple progress notes were recorded on the 24 and 25 July 2020 and when an increase in bleeding occurred the consumer was sent to hospital for investigation.
* The hospital identified the injury and the consumer returned to the service with a discharge summary recording the injury as a superficial tear which could be related to wiping or cleaning and no active management required and to return to hospital if an increase in bleeding occurs. Directives to cease aspirin to reduce bleeding were implemented.
* A medical officer reviewed the consumer on 27 July 2020 and prescribed twice weekly cream to treat, however this cream was not applied prior to the consumer returning to the hospital on 28 July 2020 with increased bleeding.
* Documentation including an incident report, wound management plan or update in the care plan were not completed.

The Approved Provider’s response disagrees with the Assessment Team’s findings and provided additional evidence and clarification of details in the Assessment Team’s report. Relevant evidence to my decision included:

* Incident report and additional clinical monitoring of the consumer occurred following the roll from bed incident on 24 July 2020 including; a wound chart to monitor the bruising on leg, pain chart to monitor for pain and a neurological observation chart. The consumer displayed behaviours following the incident consistent with consumer’s known behaviour of resistive to care and staff. Observations and charting continued as per the service’s protocols following an incident until the consumer was transferred to hospital on the 25 July 2020.
* While there had been no recent bleeds noted the consumer had a relevant clinical history and diagnosis in relation to the increased bleeding noted.
* With the increased monitoring as documented in the progress notes an increase in the bleeding was identified in a timely manner and the consumer was transferred to hospital for investigation after consultation with the medical officer, guardian and consumer’s family.
* On return from hospital the service implemented all clinical strategies as noted on the discharge letter. The discharge letter stated no active management required. The service continued to monitor bleeding as directed and aspirin was withheld as directed.
* The medical officer reviewed the consumer following return and ordered cream. The cream was ordered from the pharmacy and arrived the following day. However, the consumer had been transferred back to hospital prior to the cream being administered.
* The consumer was monitored regularly, and increased bleeding noted on 27 July 2020 and large bleed on 28 July 2020 resulting in transfer to hospital in line with the hospital discharge directives.
* The service did not complete an incident form or wound chart for the tear identified at the hospital as it was not in line with the service’s procedures. Return from hospital checklists were completed, appropriate clinical monitoring of bleeding, pain and discomfort was implemented and documented in progress notes.
* The service did not update the care plan with directives to care staff when attending hygiene in relation to the bleed and tear. However, handover communication sheets, progress notes and daily staff huddles to discuss changes in consumers care show evidence of communicating the changes and monitoring required for the consumer.
* The consumer care plan had sufficient existing detailed strategies appropriate to the ongoing care of the consumer including directives to staff on managing risks to skin during provision of care and manual handling.

The service has comprehensive procedures in place to identify, monitor and manage changes in consumers’ clinical needs including risks associated with consumer care. The service followed the procedures for one consumer following an identified change in their clinical condition of increased bleeding of unknown cause. The service monitored and recorded in progress notes and charts, the consumer’s pain, signs of bleeding and behaviours and consultation with medical officer and family occurred in a timely manner. The service followed the hospital directives following return from hospital. While the service didn’t complete a wound chart or incident form for the internal tear and bleeding on return from hospital there is evidence of appropriate clinical assessment and monitoring of the consumer including for any signs and symptoms of pain, distress or increased bleeding. While the service didn’t update the care plan with directives in relation to hygiene care and the increased bleeding, there is sufficient evidence the service communicated the directives to staff through progress notes, handovers and daily staff huddles for the four-day period from when the change in the clinical condition occurred to the day of the assessment contact.

Based on the summarised evidence above, I find the service compliant in this Requirement.

# STANDARD 8 COMPLIANT 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 Quality Standard is assessed as Compliant as one of the five specific requirements have been assessed as Compliant.

For the purpose of the assessment contact Requirement (3)(d) in relation to Standard 8 Organisational governance was assessed. The Assessment Team found the service did not meet this requirement in relation to the service not having an effective risk management system in relation to responding and effectively managing risks following a suspicion of abuse. The approved provider’s response disagreed with the Assessment Team’s findings and provided additional evidence on how the service effectively managed the risks and responded to a suspicion of abuse. I find the service compliant with Requirement (3)(d) and have provided reasons for my decision below.

All other requirements in relation to Standard 8 Organisational governance were not assessed and an overall assessment of this Standard not completed.

## 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.*

The Assessment Team found the service did not appropriately respond to symptoms for one consumer which reasonably indicate a suspicion of sexual assault or use of unreasonable force occurred. Evidence relevant to my decision included:

* One consumer was transferred to hospital on two occasions, three days apart, with vaginal bleeding.
* The first occasion the hospital identified a superficial tear. The service did not consider the tear or injury as a suspicion of sexual assault.
* The second occasion a larger tear and a secondary mark.
* The service was informed on the second admission to hospital the injury and secondary mark raised suspicion of sexual assault.
* Following the suspicion of assault the service reported the incident within legislated timeframes.
* The service commenced an investigation which included viewing video footage of staff entering the consumer’s room around the time the change in consumer condition first occurred and management has spoken to two staff.
* The service undertook an audit of slings as this may have been a cause of the injury.
* The service stated the injury could have been related to consumers bowel management and intend to review bowel management, however this had not occurred.

The Approved Provider’s response disagrees with the Assessment Team’s findings and provided additional evidence and clarification of details in the Assessment Team’s report. Relevant evidence to my decision included:

* The service did not have reason or evidence to support a suspicion or allegation of assault following the first hospital admission for the consumer to investigate increased bleeding.
* The service appropriately responded to the suspicion of assault made by the hospital following the consumer’s second admission to hospital to treat increased bleeding and the identification of a mark as well as the tear.
* The service commenced an investigation which was ongoing at the time of the assessment contact. The service viewed video footage and interviewed four staff from the date of when the change in condition of the consumer was first identified.
* The service communicated with staff daily at handovers and huddles the concerns and suspicion of assault, and requested staff monitor and observe for any other consumers who may be distressed or have changed condition and to report any concerns to the registered nurse.
* The service cooperated with the police and provided documentation and video footage as required.
* The service received a more detailed report following the assessment contact confirming the secondary mark identified was dry skin and not an injury. The medical reports resulted in the police finding no suspicion of any assault having occurred.

The service has systems in place to identify and respond to allegations of abuse and procedures to guide staff and management in responding appropriately. I find it reasonable no suspicion or allegation of assault occurred when the consumer was admitted to hospital on the first occasion. The service appropriately reviewed and monitored the consumer’s clinical condition on return to the service and transferred the consumer in line with directives to hospital for a second admission two days after discharge, due to increased bleeding. The service immediately reported and completed records following a suspicion of assault being raised by the hospital on the second admission to hospital. The service commenced investigation including cooperating with police by providing documentation and video footage to assist them in their investigation. The approved provider has provided evidence to show they took reasonable steps to inform staff and to guide staff in increased monitoring and observations of all consumers to identify if any other consumers were distressed to ensure consumer safety. I find it reasonable given the timeframe between the report of suspicion of assault and the assessment contact the service had taken steps to identify staff who attended to the consumer around the time of the initial injury and had commenced talking to staff. While the service could have taken and recorded further actions in their investigation of possible causes of the injuries including review of bowel records, I find in the time frame the service had commenced actions which were prioritised and based on the safety of consumers and identifying and eliminating possible risks. I acknowledge the investigation was ongoing at the time of the assessment contact and the outcome of medical and police investigations has confirmed no suspicion of sexual or other assault occurred.

Based on the summarised evidence above, I find the service compliant with this Requirement.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.