LHI Hope Valley

Performance Report

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**Commission ID:** 6134

**Provider name:** Lutheran Homes Inc

**Assessment Contact - Site date:** 22 February 2022

**Date of Performance Report:** 31 March 2022

# Performance report prepared by

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# 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | 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 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; and
* the provider’s response to the Assessment Contact - Site report received   
  18 March 2022.

# STANDARD 2 Ongoing 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 Assessment Team assessed Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

The Assessment Team have recommended Requirement (3)(e) not met. The Assessment Team were not satisfied the service was able to demonstrate care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Three consumers did not have their care and services effectively reviewed in relation to pain, skin care and nutrition and hydration.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have come to a different view and find the service Compliant with Requirement (3)(e). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team were not satisfied the service was able to demonstrate care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Three consumers did not have their care and services effectively reviewed in relation to pain, skin care and nutrition and hydration. This was evidence by:

Consumer A

* The consumer entered the service three months prior to the Site Audit and has a diagnosed pain condition.
* The consumer said they have ongoing pain, have recently had an increase in their analgesia and have had a pressure relieving device implemented to manage their skin integrity.
* The consumer is prescribed and administered medication for their pain condition.
* Staff reported they are aware the consumer has pain, the medical officer is aware and the consumer’s pain is being monitored through pain charting. In addition, the consumer’s pain was reviewed by the medical officer and the consumer’s medication was increased on two occasions in the two months prior.
* Pain charting has not been completed consistently.
* The skin care plan had not been updated following a review by an external service provider.

Consumer B

* The consumer had progressive weight loss over six months prior to their death.
* The consumer’s nutritional risk assessment was not regularly reviewed following progressive weight loss.
* The skin assessment was not reviewed in a timely manner following the development of pressure areas. Management agreed these assessments should have been updated to reflect the consumer’s changes.
* Pain assessment was not updated to reflect pain as a result of the new wounds.

Consumer C

* Has a history of behaviours of concern towards staff and consumers.
* Was reviewed by an external service provider. All information from the report were not updated in the care plan.
* The consumer has been referred again to an external service provider and is awaiting a further review. In addition, a referral has been made to another service provider to support the service in the management of the consumer’s behaviours of concern.
* All staff interviewed said they were able to manage the consumer’s behaviours of concern.

Consumer D

* The Assessment Team notes the consumer’s nutritional care plan has not been updated with effective strategies to manage the consumer’s ongoing weight loss, in line with recommendations made by both a dietitian and speech pathologist.
* The consumer was referred to a dietitian and a review was completed seven days prior to the Assessment Contact.
* The dietitian’s recommendation is for monthly weighs and the consumer is being weighed weekly.

The provider’s response indicates the service was compliant with the Requirement at the time of the Assessment Contact and refutes the Assessment Team’s recommendation of not met. The following evidence was provided:

Consumer A

* Evidence of consideration for non-pharmacological interventions and a range of pain assessments and charts.
* Further education to ensure staff document interventions provided whilst assessing pain.
* The evidence of pain charting not being completed was inaccurate as it indicated on 26 occasions the consumer had no pan.
* The skin care plan remained appropriate and the consumer’s level of risk remained the same and did not require reassessing and relevant strategies were undertaken when the consumer entered the service.

Consumer B

* The service was aware the consumer was losing weight and had ensured both a speech pathologist and dietitian were involved in the management of the consumer’s nutrition and hydration needs.
* The service was following the previous dietitian’s recommendations from approximately two years prior and the consumer was in a healthy weight range. When the consumer had an increase in weight loss relevant referrals were undertaken.
* Acknowledge the consumer’s skin and pain assessments could had been reviewed earlier.

Consumer C

* The service had implemented the strategies outlined by the external service provider to support the management of the consumer’s behaviours of concern. In addition, the medical officer was notified of the outcome of the reassessment.

Consumer D

* The dietitian had reviewed the consumer, updated the dietitian assessment and communicated this to the relevant staff.
* Weekly weighs were a previous recommendation made by the medical officer and this was ceased following the Assessment Contact.
* Evidence the consumer’s care planning documentation was updated following review by the dietitian.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view to the Assessment Team and I find the service was able to demonstrate care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, specifically for four consumers in relation to management of pain, skin integrity and nutrition and hydration.

In relation to Consumer A, I find the consumer had a range of assessments completed to initially identify their pain and skin care needs and this was regularly reviewed. In coming to my finding, I have noted the regular reviews of pain completed by the medical officer, staff being aware of the regular reviews, in addition to the range of pain charts and assessments completed. In addition, I have considered the involvement of an external contractor to review the consumer’s skin care needs.

In relation to Consumer B, I find the consumer had a range of assessments completed and the service had reviewed the consumer’s nutrition and hydration needs following unintentional weight loss. In coming to my finding, I have noted the service had ensure they monitored the consumer’s nutrition and hydration needs and specifically their weight and had ensured both a speech pathologist’s and a dietitian review had occurred when increased weight loss was identified. In relation to pain and skin care, I have noted the service has implemented improvements to ensure a range of reassessments are completed following identification of new pressure injuries.

In relation to consumer C, I find the service had reviewed the consumer’s care in relation to management of behaviours of concern. In coming to my finding, I have noted the service had referred the consumer to a range of service providers. In addition, I have noted the service had reviewed the consumer’s condition and had communicated the outcome of this reassessment to the medical officer.

In relation to Consumer D, I find the service had reviewed the consumer’s care in relation to managing nutrition and hydration needs. The service ensured the consumer’s weight was monitored, completed a relevant referral to a dietitian and implemented strategies outlined by the dietitian.

For the reasons outlined above, I find Lutheran Homes Inc, in relation to LHI Hope Valley, Compliant with Standard 2 Requirement (3)(e).

# STANDARD 3 COMPLIANT Personal care and clinical

### 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 Requirement (3)(b) in Standard 3 Personal care and clinical care. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

The Assessment Team have recommended Requirement (3)(b) not met. The Assessment Team were not satisfied the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to management of two consumers pressure injuries, pain and malnutrition. The Assessment Team were satisfied the service had managed high impact or high prevalence risks for two other consumers in relation to management of behaviours of concern and nutrition and hydration.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have come to a different view and find the service Compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement 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 were not satisfied the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to management of two consumers pressure injuries, pain and malnutrition. The Assessment Team were satisfied the service had managed high impact or high prevalence risks for two other consumers in relation to management of behaviours of concern and nutrition and hydration. This was evidence by:

* The representative of a consumer was satisfied with how the service managed the consumer’s behaviours of concern and weight. All staff interviewed were aware of strategies to manage the consumer’s behaviours of concern and triggers. The service had ensured the consumer was reviewed by an external specialist in relation to management of the consumer’s behaviours of concern.
* A consumer had a relevant management plan for their nutrition and hydration care and service needs.
* Feedback from one representative indicated they are satisfied with the care and are updated in relation to management of the consumer’s pain and wounds.

Consumer A

* The representative was not satisfied with the management of the consumer’s wounds, pain and weight.
* The consumer developed pressure areas approximately six months prior to the Assessment Contact, and the service did not review the skin management strategies in a timely manner. The service did implement a range of strategies which included pressure area care and pressure relieving devices.
* The consumer experienced weight loss approximately six months prior to the Assessment Contact.
* Management agreed pressure relieving devices should have been implemented earlier.
* There are no documented pain management processes despite the consumer developing pressure areas and wounds. Management agreed clinical staff should have assessed and addressed any pain in line with the service’s process.

Consumer B

* The consumer had ongoing weight loss which was not effectively managed. The consumer had a review by dietitian and had strategies implemented. However, the consumer continued to lose weight without other strategies being implemented.

The provider’s response indicates the service was compliant with the Requirement at the time of the Assessment Contact and refutes the Assessment Team’s recommendation of not met. The following evidence was provided:

Consumer A

* Documentation which confirmed the service was aware the consumer was losing weight and had referred the consumer to both the speech pathologist and dietitian.
* Evidence which showed the representative was notified of the pressure injury.
* Evidence which confirmed the service had implemented strategies to manage the consumer’s nutrition and hydration needs.
* The service will be ensuring pain management is reviewed following the development of a pressure injury.

Consumer B

* Evidence which confirmed the service was monitoring the consumer’s weight and had implemented a range of strategies recommended by the dietitian.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view to the Assessment Team and I find the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

In relation to Consumer A, I find the service had ensured the consumer’s high impact or high prevalence risks were managed. In coming to my finding, I have noted the service had implemented recommendations made by the dietitian and speech pathologists. I have noted the service has recognised pressure relieving devices may have been implemented earlier, however, I placed weight on the fact management strategies were reviewed following development of the pressure area and further strategies implemented.

In relation to Consumer B, I find the service had managed the consumer’s weight loss. In coming to my finding, I have considered the evidence which indicates the service recognised the consumer was losing weight and had implemented strategies as recommended by the dietitian to support my view.

To further support my finding of compliance, I have noted the positive feedback from representatives in relation to pain, wounds and weight management, in addition to the Assessment Team’s evidence of effective management of one consumer’s behaviours of concern. Furthermore, I have placed weight on evidence included in the provider’s response which outlined a range of improvements the service has commenced implementing following the Assessment Contact.

For the reasons outlined above, I find Lutheran Homes Inc, in relation to LHI Hope Valley, Compliant with Standard 3 Requirement (3)(b).

# 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.