Leighton Nursing Home

Performance Report

40 Florence Street   
WEST PERTH WA 6005  
Phone number: 08 9328 9355

**Commission ID:** 7807

**Provider name:** Fresh Fields Aged Care Pty Ltd

**Assessment Contact - Site date:** 22 November 2021

**Date of Performance Report:** 15 February 2022

# Performance report prepared by

Therese Wilson, 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives;
* the provider’s response to the Assessment Contact - Site report received 14 December 2021;
* the Serious Incident Response Scheme Guidelines (version 1.6, 1 October 2021); and
* What is an effective incident management system SIRS - 19 March 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 Assessment Team assessed Requirement (3)(b) in this Standard, all other Requirements in this Standard were not assessed at the Assessment Contact conducted on 22 November 2021. A finding on non-compliance in one Requirement results in the Quality Standard being Non-complaint.

The Assessment Team have recommended Requirement (3)(b) in this Standard as not met as the service did not demonstrate effective management of high prevalence risks to ensure consumers’ clinical care is safe and effective, including the management of wounds, pain and indwelling catheters. The Approved Provider submitted a response to the Assessment Team’s report and has strongly refuted the Assessment Team’s findings and provided further information and evidence to support their assertion that this Requirement should be met.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Fresh Fields Aged Care Pty Ltd, in relation to Leighton Nursing Home, to be Non-compliant with Requirement (3)(b). I have provided reasons for my finding in the respective 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 found the service does not manage high prevalence risks to ensure consumers’ clinical care is safe and effective, including the management of wounds, pain and indwelling catheters. Staff were found not to follow wound treatment plans as directed, pain management interventions are not monitored to ensure consumers’ pain is managed effectively and information gathered on entry regarding consumers’ clinical needs is not used to ensure they are provided effective clinical care. The Assessment Team acknowledged whilst the service has identified issues related to wound care and have put some initiatives in place, directives are still not always being followed. Consumers with indwelling urinary catheters, chronic wounds, or increased pain do not always have effective clinical management.

The Assessment Team identified:

* Consumer A did not receive wound care to ensure timely healing of pressure injuries or best practice management of their wounds.
* Information was not available to staff to guide them on the care of catheters and there are no catheter care plans to show staff when to change a catheter or about the care of leg bags for Consumer A. Additionally, the service was not aware that Consumer A returned from hospital with a catheter. For Consumer D staff did not follow the discharge summary and change their indwelling catheter to ensure they were provided safe and effective clinical care.
* Consumer A’s weight has not been recorded as directed, and the service has not adequately monitored their food intake with dietitian notes stating they are concerned the consumer was not eating enough for their nutritional needs with progress notes recorded stating they only ate soup and sweets.
* Pain is not managed effectively for Consumer B with pain assessments not always being completed when administering and monitoring as required pain medications.
* The service did not provide safe medication administration for Consumer C, administering five ceased medications due to a staff member working outside of their scope completing an interim medication profile of the ceased medications.
* Consumer E is administered regular and as required psychotropic medications. The consumer does not have any non-pharmacological interventions to assist staff to manage Consumer E’s responsive behaviours prior to staff administering as required psychotropic medication which may lower the need for the medication administration. The use of the medication has not been discussed with the next of kin to advise of any adverse events that can occur with the use of psychotropic medications as set out by the Quality Principals 2014.

The Approved Provider, in its response, strongly refuted the Assessment Team’s findings and provided additional evidence to be considered, including commentary against the deficits identified and documentation submitted as summarised below.

* In relation to wound care for Consumer A, the service provided a substantial amount of additional information, including hospital discharge summaries, showing wounds the consumer had at discharge, wound assessment and management charts which outlined the wound care Consumer A has received in the specific periods as outlined by the Assessment Team.
* Clinical procedures for the guidance of care staff which were available online and in nursing stations for staff. A handover sheet which was used by staff after 22 October 2021 to demonstrate that catheter information is known by staff and it contains instructions for changing Consumer A’s catheter.
* Hospital discharge records for Consumer D to show a catheter was inserted during a hospital admission from 16 to 23 March 2021.
* Weight monitoring and food and fluid charts for Consumer A since May 2021.
* Progress notes for Consumer B from 13 to 22 November 2021 demonstrating stickers are placed in the file when as required medication is provided to show pain was occurring and to rate the effectiveness of the medications.
* An email showing an external complaint for Consumer C relating to care and services was closed on 26 November 2021.
* A behaviour support plan for Consumer E dated 9 April 2021 and signed by the registered nurse on 23 November 2021.

The Approved Provider’s response is acknowledged and all of the information provided was taken into consideration when making my findings of this Requirement. I agree with the Assessment Team and find this Requirement is Non-complaint.

Whilst the service provided substantial records of Consumer A’s wounds and it is acknowledged that on some occasions where the Assessment Team stated that the wounds were not reviewed as per the schedule it was completed as scheduled. However, reviewing all of the wounds in the wound assessment and management charts, there were still some gaps in the care times recommended and when Consumer A actually received the wound care. I acknowledge the service has now engaged wound care specialists to assist with wound care, however, to ensure timely healing of wounds and best practice wound care, they should be reviewed in line with the recommended schedule.

The clinical guidance procedures for catheter care were provided for review and it was stated by the Approved Provider they are available to staff. This did not satisfy me to think that safe catheter care was provided to either Consumers A or D. Whilst the handover sheet was provided for late October or November 2021, the information provided did not show that Consumers A or D had a catheter care plan or information to show leg bags or catheters are changed as per medical recommendations as outlined by the Assessment Team.

The progress notes provided for Consumer B do show stickers are placed on the file each time the consumer is provided with as required medication. It is noted that on some occasions there is a pain score recorded, on other occasions there is no pain score. As highlighted by the doctor’s review it showed the consumer’s pain is not being managed effectively, and knowing how bad the pain is and how effective the pain medication has been when administered, this leads to a better outcome for pain management and the consumer’s well-being.

The service did not provide a response that would satisfy me to think that the service had undertaken any actions to ensure safe medication practices as what occurred with Consumer C would not occur again. Whilst it was the subject of an external complaint and that complaint is now closed this does not evidence that Consumer C was provided with safe medication administration.

The service stated Consumer E had a diagnosis to support the use of the prescribed antipsychotic medications. However, the diagnoses listed on Consumer E’s care files do not support the use of the antipsychotic medications and the use of the medications has not been discussed with Consumer E’s representatives. Also, at the time of the Assessment Contact, there was no evidence to show that staff were using alternate non-pharmacological interventions prior to administration of the medications as these medications can have an adverse effect, including increased drowsiness and increased risk of falls. It is acknowledged the behaviour support plan has been updated to provide strategies for staff to use prior to administration of the antipsychotic medications.

For the reasons detailed above, I find Fresh Fields Aged Care Pty Ltd, in relation to Leighton Nursing Home, Non-compliant with Standard 3 Requirement (3)(b).

# STANDARD 8 NON-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 Assessment Team assessed Requirement (3)(d) in this Standard at this Assessment Contact. All other Requirements in this Standard were not assessed.

The Assessment Team have recommended Requirement (3)(d) in this Standard as not met as the service did not demonstrate an effective risk management system in relation to managing high impact or high prevalence risks associated with the care of consumers, including safe and effective management of wounds and identifying and responding to abuse and neglect of consumers. The Approved Provider submitted a response to the Assessment Team’s report and has refuted the Assessment Team’s findings and provided further information and evidence to support their assertion that this Requirement should be met.

Based on the Assessment Team’s report and the Approved Provider’s response I find Fresh Fields Aged Care Pty Ltd, in relation to Leighton Nursing Home, Non-compliant with Standard 8 Requirement (3)(d). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-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 found that while the risk management framework supports consumers to live their best life and take risks it is not always effective in managing high impact or high prevalence risks associated with the care of consumers, including safe and effective management of wounds and identifying and responding to abuse and neglect of consumers. The service’s incident management system did not identify a medication error where a consumer was administered ceased medications, including psychotropic medications.

The Assessment Team identified:

* following a medication incident for Consumer C, a Serious Incident Response Scheme (SIRS) submission was not made until approximately three weeks after the incident, subsequent to being alerted by the external complaints investigator that Consumer C had been administered ceased medications. The service stated they had not commenced an investigation earlier as they had not identified any reason to investigate the events leading up to Consumer C being found unresponsive before being transferred to hospital and passing away later the same day, less than 48 hours after being given the ceased medications;
* a Priority 1 SIRS report was not lodged within the required timeframe for Consumer F as there was no harm demonstrated; and
* the wound, catheter care and pain management of Consumers A, B and C were not managed effectively as a high impact high prevalence risk.

The Approved Provider submitted a response to the Assessment Team’s report and which refutes the Assessment Team’s findings.

* The Approved Provider submitted the Clinical Incident Review Report which shows that an incident review was undertaken in relation as to how Consumer C was administered the ceased medications, the outcome of the review and proposed actions taken to avoid a reoccurrence in the future.
* The response stated that the SIRS report for Consumer F was not lodged as a Priority 1 report which must be completed within 24 hours but as a Priority 2 report that is required to be lodged within 30 days which meant the information was provided within the required timeframe.
* The Approved Provider stated that evidence lodged for Standard 3 Requirement (3)(b) was evidence enough to show the service managed high impact high prevalence risks to consumers.

All information provided was taken into consideration when making my findings of this Requirement. I agree with the Assessment Team and find this Requirement Non-complaint.

The service reported the death of Consumer C approximately three weeks after being notified by the external complaint officer that a medication error occurred. The incident was reported to SIRS as a neglect incident and a Clinical Incident Review occurred to determine how Consumer C ended up be administered ceased medications.

While Consumer C was found on the floor unresponsive, sent to hospital and passed away later that day, the service did not investigate as to whether there were any contributing factors to their death or if they could have discovered the errors that were made with the ceased medication. The information for providers on an effective management system states that all incidents must be reviewed, analysed and investigated which includes whether any operational issues that may have contributed to the incident occurring. On interview during the Assessment Contact, management stated they had not contributed to the death of Consumer C but there was no evidence provided of an investigation to show how they came to that conclusion.

Whilst the Approved Provider stated they did not report the incident as a Priority 1 SIRS incident, documentation provided for the report shows it was reported as a Priority 1 report, therefore, it should have been reported within 24 hours. Whilst the Approved Provider states that there was no harm demonstrated, the psychological impact must also be considered with consumers which may not be evident immediately.

Whilst the Approved Provider provided information to show that most high impact high prevalence risks are managed through the clinical governance of the Approved Provider, I was not satisfied the catheter care procedures used by the service would provide sufficient oversight to ensure effective clinical governance. I am satisfied that through the clinical governance process the service has engaged a continence advisor and wound care specialists to assist in these areas which includes training for staff and review of procedures.

For the reasons detailed above I find Fresh Fields Aged Care Pty Ltd, in relation to Leighton Nursing Home, Non-compliant with Standard 8 Requirement (3)(d).

# 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.

The service should seek to ensure:

* **In relation to Standard 3 Requirement (3)(b):**
  + Consumers’ high impact or high prevalence risks are effectively managed, including risks associated with wound and continence care and pain management.
* **In relation to Standard 8 Requirement (3)(d):**
  + Effective incident management system, including staff practices support the correct reporting and recording of all incidents to initiate incident management processes, including incident review.