

North Eastern Community Nursing Home

Performance Report

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**Commission ID:** 6921

**Provider name:** North Eastern Community Nursing Home Incorporated

**Assessment Contact - Site date:** 28 July 2021

**Date of Performance Report:** 27 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 |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | 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 staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 19 August 2021.

# 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 Requirement has been assessed as non-compliant. The Assessment Team assessed Requirement (3)(b) in this Standard. All other Requirements in the Standard were not assessed at the Assessment Contact.

The Assessment Team recommended the service did not meet Requirement (3)(b) in this Standard. In relation to Requirement (3)(b), the Assessment Team was not satisfied the service’s systems and processes ensured each consumer’s high impact risks were effectively managed, specifically in relation to behaviours, wounds, falls and medication.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and I find the service non-compliant with Requirement (3)(b). I have provided reasons for my findings under 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 the service demonstrated high impact or high prevalence risks associated with the care of each consumer was effectively managed, specifically in relation to behaviours, pressure injuries, falls and medication. The Assessment Team provided the following evidence relevant to my finding:

Behaviour management

The Assessment Team was not satisfied the service demonstrated three consumers’ behaviours were effectively identified, monitored, managed and evaluated:

* Consumer A:
	+ For a 29-day period sampled, documentation showed the consumer had 18 episodes of behaviours.

Of the 18 behavioural episodes, there were six episodes of interfering with wandering, including taking other consumers’ belongings, four episodes of physical aggression towards staff, and three episodes of verbal aggression.

Behaviour charts demonstrated only 15 of the 18 behavioural episodes were recorded and information such as cause/trigger, intervention and impact/outcome fields of the behaviour chart were not completed for 12 of the 15 entries.

On three occasions where interventions were documented, behaviour charts stated behavioural management strategies were ineffective.

Interventions documented in progress notes demonstrated the consumer’s behaviours are ongoing and only effectively managed when medication is administered.

Despite the 18 behavioural episodes, the consumer’s care plan was not updated, and their behaviours were not reviewed.

* + The consumer’s care plan review was last conducted prior to the 29-day sampled period and did not include a review of the consumer’s behaviours despite the representative expressing dissatisfaction with how their behaviours were being managed. Management advised the consumer’s behaviours should have been reviewed as stipulated in the care plan review checklist.
	+ The consumer’s care plan listed some behaviours and management strategies but did not include those relating to physical aggression.
	+ Following one episode of behaviours (Episode A), an incident report was completed, and behavioural management strategies were recorded, however, the consumer’s care plan was not updated. While staff said they monitored the consumer’s behaviour following this incident, this was not reflected in behaviour charting.
	+ There was no evidence indicating the consumer’s behaviours have been evaluated.
	+ Of four staff interviewed, two stated the consumer does not have behaviours and could not comment on management strategies.
* Consumer B:
	+ For an 88-day period sampled, documentation showed the consumer had 10 behavioural episodes.

Of the 10 behavioural episodes, four included sexually inappropriate behaviour. Two of the four sexually inappropriate behaviours were directed toward the same consumer, with one reported under the Serious Incident Response Scheme (SIRS).

Behaviour charts demonstrated only six of the 10 behavioural episodes were recorded.

Information, such as the cause/trigger and impact/outcome were not documented for five of six behaviours and interventions were listed for only two of the six behaviours.

Where interventions were documented in charting or progress notes, strategies were not consistently effective.

* + One week after the SIRS incident, another sexually inappropriate incident occurred between the same consumers, with both incidents instigated by Consumer B. Following these two incidents:

the consumer had a delirium screen and was referred to Dementia Support Australia (DSA).

seven-day behavioural charting commenced, and visual observations were conducted.

the consumer was seen by the Older Persons Mental Health Service (OPMHS), however, their recommendations were not documented.

The representative stated there have been ‘three or four’ occasions where the one consumer has been impacted by Consumer B’s behaviour. The representative considered management strategies were ‘eventually effective’.

Documentation did not demonstrate any additional incidents between the two consumers since that time.

* + There is no evidence indicating behaviour management interventions were reviewed or evaluated until one week after the SIRS incident.
	+ Despite having ongoing behaviours, there was no evidence indicating the consumer’s behaviours had been evaluated.
	+ The consumer’s behavioural care plan identified their behaviours and included management strategies to guide staff, however, the care plan did not document photographs of the consumer’s spouse as a management strategy.
	+ Of three staff interviewed, two stated the consumer does not have behaviours of concern.
* Consumer C:
	+ Documentation showed Consumer C sexually assaulted another consumer. Following this incident, the consumer was assessed by staff, a delirium screen was undertaken, and a referral was made to DSA. The consumer’s care plan was updated the day after the incident to include the newly identified sexually inappropriate behaviours, however, the care plan did not include any management strategies.
	+ Of the three staff interviewed, all were aware of the incident, however, two staff did not consider the consumer had behaviours and could not describe any strategies implemented following the incident. Management stated staff were completing half-hourly visual checks and the consumer is not allowed near the victim.
	+ No further physical behaviours had been documented in charting, progress notes or incident reports.
* The service’s behaviour management work instructions did not include directions for documentation requirements, evaluation and review processes, and when to complete an adverse event form or update care plans.

Wound management

The Assessment Team was not satisfied the service demonstrated effective assessment and monitoring of one consumer’s pressure injury:

* Documentation showed after the identification of one consumer’s stage two pressure injury:
	+ Dressings were attended in line with the consumer’s care plan and the wound was reviewed by a registered nurse (RN).
	+ Photographs were taken at least every seven days; however, they were not taken from consistent angles or distances.
	+ Wound charting sampled did not always include measurements.
	+ The wound stage was not reviewed or updated to reflect the current healing status. All 50 wound chart entries described the wound as a stage two pressure injury despite photographic evidence of deterioration to a possible stage three or suspected deep tissue injury.
	+ While the pressure injury was ongoing, photographs of the wound indicates some improvement following wound care specialist involvement.

Falls management

The Assessment Team was not satisfied the service demonstrated effective review of falls prevention strategies following each incident for one consumer.

* Incident reports include 13 incidents of falls during a three-month period.
* The consumer’s care plan included strategies to mitigate their risk of falls, however, it was not reviewed following two falls.
* Management advised the consumer’s care plan should have been reviewed following all falls and reported strategies in the consumer’s care plan are not successful.
* The service could not demonstrate strategies implemented were effective, as the consumer removes their hip protectors and forgets to use their rollator.
* While the consumer was reviewed by a physiotherapist following each fall, the service did not consider alternative strategies or assess the effectiveness of current strategies.

Medication management

The Assessment Team was not satisfied the service demonstrated time sensitive medication was administered in accordance with consumer preferences and medical officer (MO) directives:

* One consumer said it’s important for them to receive their medication at 7:00am each day, however, the consumer still had not received their medication by 10:00am on the day of the Assessment Contact.
	+ Staff reported the consumer’s medication could be administered one hour either side of when they were ordered, and this was the usual time they were administered.
	+ Documentation showed the consumer’s medication was administered late on four occasions during a one week sampled period.
* One representative said the consumer’s medication had been administered one to one and a half hours late on five occasions during a two‑month period. The representative acknowledged the medication has a 30 minute ‘buffer zone’ and stated the consumer will become unwell if medication is administered outside this time frame.
	+ Management were unable to explain why this had occurred.
	+ During the one-week period sampled, documentation showed the consumer’s medication was administered within the recommended time, however, management stated the electronic medication system only identifies late administration of medication in excess of one hour before or after the prescribed time.
* Staff stated they try to administer medication on time, however, due to the floor layout and numbers of consumers requiring medication, they are on average, approximately 30 minutes late.
* Three consumers stated medication is frequently administered late.

The provider did not agree with the Assessment Team’s findings and maintains that high impact or high prevalence risks associated with the care of each consumer was effectively managed. The provider asserts the following:

* Behaviour management:
	+ Consumer A:

There were inconsistencies in charting for the consumer.

The consumer’s care plan does not state they are physically aggressive but physically threatening.

Following Episode A, behaviour charting commenced for a period of seven days. Where no behaviours are noted, there is no requirement to provide commentary as the aim of the charting process is to capture behaviours as they occur rather than capturing times of no exhibited behaviour.

At the time of the Assessment Contact, the behaviour chart following Episode A had not been reviewed as it had not yet been finalised. The Assessment Contact was conducted on day four of the seven-day behaviour charting period.

After the Assessment Contact, the consumer’s behaviour has been assessed and a behaviour care plan has been generated. The consumer’s care plan has also been reviewed.

* + Consumer B:

Following the SIRS incident, care plans were reviewed, amended and circulated. The consumer’s behaviours were documented in the behaviour care plan, but the strategies were included in the personal hygiene care plan. Strategies implemented were effective and there have been no further incidences involving the two consumers since implementation.

The leisure, lifestyle and wellbeing care plan states the consumer has a photograph of their spouse next to their bed so they can remember what they look like and have them near.

Care plans were updated to incorporate recommendations made by DSA and OPMHS

* + Consumer C:

The consumer’s behaviour care plan includes strategies to support decreasing their behaviour.

The consumer’s behaviour was recognised as inappropriate behaviour by staff and as a result, the assault was immediately stopped, managed and investigated.

* + The behaviour management work instruction is not a comprehensive process document but merely a flowchart of actions to be taken and there are other documents that guide parts of the behaviour management process including, SIRS Reporting, incident reporting, recording and monitoring infections. Other examples are embedded within the forms and documents and guides staff in completion, investigation, follow-up and evaluation.
	+ The SIRS and Incident Reporting Process work instructions clearly identify the process and reasons for reporting. The provider’s response also includes a copy of the service’s manual for SIRS reporting.
* Wound management:
	+ Wound charting is completed post dressing change and does not require a photograph every time.
	+ Wound details recorded for the consumer had a visible ruler and appropriate measurements and descriptions were recorded.
	+ While it is preferable for a wound to be taken at the same angle every time, human error can sometimes cause a different angle and is not always achievable.
	+ The pressure injury could not possibly have been stage three or a suspected deep tissue injury, as the criteria did not fit the observations of the consumer’s pressure injury.
* Falls management:
	+ Incident reports demonstrate care plans were reviewed following the two falls, however, no update was required. Documentation showed the consumer was reviewed by allied health staff who noted no change to mobility care plan required and continue with current falls strategies.
	+ The consumer has been deteriorating over the last six months and has been reviewed by DSA. At the time of the Assessment Contact, the service was undertaking a review of the consumer’s medication to determine whether they may be contributing to their recent mobility changes.
* Medication management:
	+ Medication is administered as per timeframes set by the doctor.
	+ For the two consumers, there has been no directive from the MO that their medication is supposed to be administered separately.
	+ The consumer that advised the Assessment Team they want their medication at 7:00am prefers their medication to be administered during breakfast, which occurs between 8:30am and 09:30am daily. On the day of the Assessment Contact, the consumer received their medication at 09:50am. Following the Assessment Contact, a meeting was held with the consumer’s family who approved medication to be administered at 10:00am in line with what the consumer used to do prior to admission.
* Since the Assessment Contact, additional corrective actions implemented and include staff education on incident management and documentation, upgrade of systems and update of wound monitoring and recording work instructions.

I acknowledge the service’s actions to rectify deficiencies identified by the Assessment Team, however, in coming to my finding, I have relied upon documentary evidence which demonstrated at the time of the Assessment Contact, high impact or high prevalence risk associated with the care of each consumer was not effectively managed. Specifically, the service did not appropriately respond to or manage risks associated with behaviours, wounds, falls and medication.

With regard to behaviours, I have considered that ongoing behaviours of two consumers were not effectively monitored, recorded, and evaluated and as a result, strategies were not in place to mitigate the risk to other consumers’ health and safety. Following behavioural episodes of the two consumers, behaviour charting was not always undertaken and not all fields were completed. As a result, the service could not accurately monitor the effectiveness of behavioural management strategies and implement alternative strategies. I have considered that staff did not review Consumer B’s care plan to determine the effectiveness of current strategies within the time frame specified in the service’s procedure and during that time, the consumer instigated another sexually inappropriate incident with the same consumer. While the provider asserts behaviours of both Consumer A and B had been appropriately managed, the provider’s response does not include any evidence demonstrating how this has occurred, such as a reduction in behavioural episodes.

Regarding Consumer C, while I find the consumer’s behaviours appear to be managed and documentation includes some behavioural management strategies, the requirement for Consumer C not to be near the consumer they sexually assaulted is not recorded in care planning documentation and assessments, which poses a risk to the affected consumer’s safety and well-being.

With regard to wound management, while one consumer’s pressure injury appears to be improving, I find the service failed to appropriately monitor, review, reclassify the wound. While the provider asserts the wound was never a stage three or suspected deep tissue injury, no evidence was provided to support this claim. In coming to my finding, I have placed weight on evidence documented in the Assessment Team’s report indicating the service failed to reclassify the consumer’s pressure injury that had deteriorated to a possible stage three or suspected deep tissue injury. As a result, further assessments were not undertaken, and new strategies were not implemented to manage the wound’s deterioration.

Regarding falls management, I have considered information and evidence in the Assessment Team’s report and provider’s response which demonstrates that while the consumer’s care plan was reviewed following all sampled falls, there is no evidence indicating the service considered the effectiveness of current strategies or considered alternative strategies to mitigate the consumer’s risk of falling. As a result, the consumer continued to experience further falls.

With regard to medication management, I have considered information and evidence in the provider’s response which demonstrates time sensitive medication for one consumer was not administered within the specified time frame. For the consumer that wanted their medication at 07:00am, the provider’s response did not include any evidence the consumer prefers their medication to be administered during breakfast, that their medication was administered at 09:50am on the day of the Assessment Contact and the time the medication should be administered as per MO directives. As a result, I have placed weight on evidence documented in the Assessment Team’s report which indicates one consumer’s time sensitive medication, needed to minimise the risk associated with their condition, was not administered in accordance with their preferences and MO directives.

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

# STANDARD 8 NON-COMPLIANTOrganisational 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 non-compliant as one Requirement has been assessed as non-compliant. The Assessment Team assessed Requirement (3)(d) in this Standard. All other Requirements in the Standard were not assessed at the Assessment Contact.

The Assessment Team recommended the service did not meet Requirement (3)(d) in this Standard. In relation to Requirement (3)(d), the Assessment Team was not satisfied the service’s risk management systems and practices were effective in managing high impact or high prevalence risks associated with the care of consumers, specifically in relation to behaviours and wounds.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and I find the service non-compliant with Requirement (3)(d). I have provided reasons for my findings under 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 was not satisfied the service demonstrated risk management systems and practices were effective in the management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided the following evidence relevant to my finding:

* Management reported the service’s systems and practices to identify and monitor high impact or high prevalence risks are as follows:
	+ Consumer risks are identified through assessment processes upon entry and at six monthly care plan reviews.
	+ Incidents are incorporated into monthly quality indicator reports and trends are analysed and discussed at monthly aged care quality review committee meetings and clinical governance meetings and include pressure injuries, weight loss/gain, medication incidents, falls and behaviours.
* Monthly quality indicator reports do not list individual consumers to identify possible contributing factors to incidents and potential trends.
* The service does not have mechanisms for documenting or reviewing individual consumers and their associated high impact or high prevalence risks, other than through care planning processes.

Findings and evidence presented in the Assessment Team’s report under Standard 3 Requirement (3)(b) indicates the service could not demonstrate risk management systems and practices were effective in managing behaviours and wounds:

* Following behavioural episodes for two consumers over a sampled period, behaviour charting was not consistently completed, care plans were not always updated or reviewed, their behaviours were not evaluated, and management strategies were not reviewed for their effectiveness.
* The service’s SIRS procedure was not followed on at least one occasion, as the consumer’s behavioural strategies in the care plan was not reviewed and updated for a period of one week. During this time, the consumer instigated another incident with the same consumer.
* Consumer care plans were not inclusive of all behavioural management strategies.
* The service’s wound management policy was not consistently followed and does not guide staff in best practice for photographing wounds.

The provider does not agree with the Assessment Team’s findings and asserts the service’s risk management systems and practices were effective in the management of high impact or high prevalence risks associated with the care of each consumer. The provider asserts the following:

* The service’s risk register includes incidents at an individual consumer level and includes a risk rating, event type, consumer name, date of entry and review date.
* Incident data and behaviours are discussed at monthly Aged Care Quality and Safety Review Committee meetings and the detail is expressed in the minutes.
* A separate high risk register for consumers at an individual level can be produced from the service’s risk register.
* Meetings with groups of consumers and representatives were placed on hold to comply with COVID-19 restrictions, however, there are other avenues for consumers and representatives to provide feedback.

I have considered the provider’s response in my finding for this Requirement.

In coming to my finding, I have relied upon documentary evidence which demonstrated at the time of the Assessment Contact, risk management systems and practices were not effective in the management of high impact or high prevalence risks associated with the care of each consumer, specifically the risks associated with behaviours and wounds.

I have considered that while the service documents incidents on a risk register, there is no evidence demonstrating how this information is used to ensure risks are appropriately managed. The provider asserts incident data and behaviours are reviewed and discussed monthly, however, the provider’s response does not include evidence demonstrating how this process has identified the need for or resulted in a review of individual consumer’s behavioural management strategies or a review of ongoing wounds. As a result, the service failed to evaluate, review and manage ongoing behaviours of two consumers and did not identify its SIRS procedure had not been followed, which has placed other consumers at risk. Additionally, the service’s wound management policy was not consistently followed and does not guide staff in best practice for photographing wounds.

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

# 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)

* Ensure staff have the skills and knowledge to:
	+ initiate assessments, develop appropriate management strategies and monitor effectiveness of strategies relating to behaviour, falls and wound management.
	+ Administer consumers’ medication in accordance with their preferences and MO directives.
	+ undertake behaviour and wound charting in line with the service’s policies and procedures.
* Ensure policies, procedures and guidelines in relation to the management of high impact or high prevalence clinical risks, including behaviour, falls, wounds and medication, are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to high impact or high prevalence clinical risks, including behaviour, falls, wounds and medication.

Standard 8 Requirement (3)(d)

* Review the organisation’s risk management processes in relation to managing high impact or high prevalence risks associated with the care of consumers.
* Ensure the organisation’s wound management policy guides staff in best practice for photographing wounds.