Princeton View

Performance Report

29 Heathfield Road   
BRIGHTON EAST VIC 3187  
Phone number: 03 8591 0200

**Commission ID:** 3792

**Provider name:** Allity Pty Ltd

**Assessment Contact - Desk date:** 13 September 2021 to 23 September 2021

**Date of Performance Report:** 27 October 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(d) | Non-compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(c) | 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.
* The Approved provider’s response to the Assessment Contact - Desk report received 15 October 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 service was found non-complaint in one of the specific requirements under this Quality Standard at the last visit.

The focus of this desk assessment was to assess the service’s progress in returning to full compliance in this requirement.

The service was unable to demonstrate that actions undertaken to date have fully addressed the deficits previously identified.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(d) Non-compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team found that while the service demonstrated a range of improvements made since the audit, further examples of change and deterioration in consumers not being recognised and responded to in a timely manner were identified. For example

* One consumer had an unwitnessed fall in July 2021. Following the fall the consumer was not adequately assessed. The consumer was noted to be restless, yelling, not letting staff attend to them over two days following the fall. A physiotherapy assessment on day after the fall noted tenderness of the right leg and queried whether this was due to injury or behaviour. This potential injury was not communicated to nursing staff. Behaviour charting that commenced following the consumer’s fall indicates the consumer had increasing levels of yelling and screaming, noted on each entry of the behaviour chart. No pain assessment was undertaken, and no pain relief provided. The consumer was transferred to hospital two days after the fall and found to have a subdural haematoma and a displaced right femur fracture.
* Two consumers had pressure injuries that were not identified in a timely manner. One consumer had a stage 2 sacral pressure injury identified in July 2021. Progress notes for the previous week make no reference to redness or deterioration of the consumer’s sacral skin. A second consumer had a stage 2 pressure injury noted. Progress notes leading up to this date do not note stage one deterioration or redness on the consumers skin.
* Wound training conducted by an eternal wound consultant in February 2021 included an emphasis on the importance of reporting skin integrity issues when stage 1 is detected to prevent further deterioration. However, the service cannot demonstrate this is constantly occurring.

The response submitted by the Approved provider disputes the Assessment Team’s finding. The response outlines the circumstances of the unwitnessed fall and states that the registered nurse did undertake an assessment and attempted to perform neurological observations. The response states that pain charting was commenced on the day of the consumer’s fall, but that no pain was identified until two days later and therefore not recorded until the morning that the consumer was transferred to hospital. The response notes that the consumer’s usual behaviours include yelling and screaming, most often when touched. Therefore, the consumer’s yelling, noted on behaviour charting following the incident was not considered to be a sign of pain. A pre-incident behaviour chart provided, records the consumer had yelling behaviour on 7 occasions over a period of one week, occurring primarily when the consumer was alone in their room or in the dining room. The response states that on the second morning after the incident when staff attended to the consumer’s personal hygiene the consumer appeared to be guarding their leg. This was immediately reported to the registered nurse who assessed the consumer, contacted the general practitioner, administered strong pain relief, contacted the consumer’s representative and arranged for hospital transfer.

The response notes that since the incident the reporting requirements for Allied Health professionals have been reviewed and they are now required to provide a verbal report and written report by email to clinical staff and document in the consumer’s progress notes. The response also notes other improvements including the use of a pain check by all staff after each consumer fall, more regular review of pain charts, education for the physiotherapist regarding the escalation of pain and injury to the clinical team, education for registered nurse involved regarding the requirement to comprehensively document consumers’ post falls injury assessments and behaviour management and support plan education for all registered nurses.

In relation to the Assessment Team’s findings regarding pressure injuries, the response notes that the first consumer’s injury was incorrectly staged and was in fact a stage 1 pressure injury. The response states that the second consumer had a historical hospital acquired pressure injury which had reopened during transfer or rolling in bed. Further staff training in skin care and wound management is planned.

I have considered all the information provided and find this requirement is Non-compliant. While acknowledging that the incident may not have been able to be avoided, that initial assessments were conducted, the consumer’s representatives notified, and the incident documented, I am not satisfied that the ongoing monitoring of the consumer after the incident was adequate and I do not accept the Approved provider’s assertion that the consumer’s increasing yelling behaviour the day after the incident was not a sign of pain. I am also not satisfied that staff consistently identify and respond to consumers’ signs of pressure injuries in a timely manner. I note that the Approved provider has commenced actions to address issues relating to communication between different disciplines regarding consumers’ condition, identifying and monitoring consumers for signs of pain and changes in skin integrity.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The service was found non-complaint in one of the specific requirements under this Quality Standard at the last visit.

The focus of this desk assessment was to assess the service’s progress in returning to full compliance in this requirement.

The service was able to demonstrate that improvements have been made and the deficits previously identified have been addressed.

The Assessment Team assessed one specific requirement and found it Compliant.

An overall rating for the Quality Standards is not provided as not all requirements were assessed.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team found that in response to the last assessment which identified deficits relating to the service’s monitoring of the safe use of hydronic heating, management implemented a range of actions. The approved provider demonstrated improvements have resulted in ensuring the safe use of the hydronic heating system in consumers’ bedrooms.

Actions taken included the following:

* A risk assessment was completed on 7 May 2021 and actions included decommissioning hydronic heating in 99 consumer bedrooms as a temporary measure. The organisational property management arranged for the installation of protective barriers for the hydronic heaters. Consultation was held in relation to risks, with three consumers who preferred to keep using their hydronic heaters.
* Another risk assessment was completed the 25 June 2021 which referenced 3 training ‘OHS incident reporting and training’ sessions held on 23 and 24 June 2021 for staff.
* Temperature readings of the hydronic heaters were taken that demonstrated the temperature was operating as designed.
* The service purchased covers for the heaters and 128 rooms have covers on the hydronic heaters.
* Representatives interviewed said there was no negative impact on consumer living areas as a result of this. Two representatives could not recall seeing the new covers. Management said this is because they are of a discreet style.
* Maintenance staff said:
  + An external contractor measured every heater and fitted the covers.
  + Regular random checks of the temperature of the external covers are conducted but are not required to be documented. Any temperature above 30 to 40 degrees Celsius would be reported.
  + Every consumer bedroom has a cover on their hydronic heater.
  + Weekly checks on the plant room, boiler and water temperature are completed as documented as part of the preventative maintenance schedule.

The Approved provider dis not submit a response to this requirement.

I have considered all the information provided and find this requirement is Compliant. I am satisfied that the Approved provider has mitigated the risk associated with the use of hydronic heating in consumers’ bedrooms.

# 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 service was found non-complaint in one of the specific requirements under this Quality Standard at the last visit.

The focus of this desk assessment was to assess the service’s progress in returning to full compliance in this requirement.

The service was unable to demonstrate that improvements undertaken have been fully implemented to address the previously identified deficits.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## 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 Approved provider has taken the following actions to address the previously identified Non-compliance.

* Reviewed its obligation to report to Worksafe and SIRS alongside the organisation’s clinical risk management policy, incident management and reporting policy. These documents outline how staff should identify and manage potential clinical risks and how incidents are to be reported.
* Training was undertaken by all staff in relation to: SIRS, work health and safety, Worksafe reporting, reportable incidents and use of incident management system. Training was also undertaken by nursing staff in relation to first aid and escalation of consumers who sustain burns. Staff attendance of the above training courses was 100%.
* A risk assessment of the use of hydronic heating in consumer bedrooms was conducted in response to a previous incident and appropriate notifications were made, following the Commission’s visit.

However, the Assessment Team noted that a recent incident resulting in serious injury to a consumer in July 2021 was not reported to the Commission’s Serious Incident Response Scheme (SIRS). While actions to address identified deficits in the management of this incident were recorded in an internal clinical indicators audit, no notification was made. This was discussed with management who agreed that in hindsight external reports of this incident including to SIRS ought to have been made but that at the time this had not been considered.

The Assessment Team reviewed the service’s SIRS register and noted that 4 reports had been made to SIRS in relation to other incidents and that suitable action was taken in each case.

The Approved provider response indicates a lack of understanding of the criteria for reporting incidents to SIRS.

I have reviewed the information available and on balance I find this requirement is Non-compliant. While the Approved provider has undertaken actions to improve management and staff’s understanding of incident management and reporting requirements, this is not yet consistently applied at the service.

# 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.

* Ensure consumers’ clinical deterioration, in particular in relation to pain and skin integrity, is identified, assessed, monitored and responded to in a timely manner.
* Ensure all incidents that meet the criteria of the Serious Incident Reporting Scheme are notified to the Commission as required.