Regis Greenmount

Performance Report

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**Commission ID:** 7802

**Provider name:** Regis Aged Care Pty Ltd

**Assessment Contact - Site date:** 27 May 2020

**Date of Performance Report:** 7 July 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** | **Non-compliant** |
| Requirement 3(3)(b) | 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 consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 17 June 2020
* information held by the Commission of a complaint in relation to the care of a consumer.

# 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 of the seven specific Requirements have been assessed as Non-compliant. The Assessment Team assessed Requirement (3)(b) in relation to Standard 3 Personal care and clinical care. All other Requirements in this Standard were not assessed.

The Assessment Team recommended Requirement (3)(b) in Standard 3 as not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response to the Assessment Team’s report to come to a view of compliance with Standard 3. I agree with the Assessment Team’s recommendation and find the service Non-compliant in Requirement (3)(b). I have provided reasons for my decision 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 did not effectively manage high impact or high prevalence risks associated with one consumer’s care. The Assessment Team provided the following evidence relevant to my decision:

* Two representatives of one consumer expressed dissatisfaction with aspects of care provided, including skin care, dehydration and management of infections. The consumer no longer resides at the service.

The Assessment Team viewed the consumer’s file in relation to management of clinical care needs, including an Emergency discharge summary, progress notes and care plan which demonstrated clinical deterioration was not effectively identified or managed.

The consumer had two falls over a five-day period; 2 May 2020 sustaining a laceration to the forehead. The consumer was transferred to hospital for review and returned to the service later that evening. Another fall occurred on 6 May 2020 where the consumer was monitored by staff at the service and a Medical officer review occurred.

The Emergency department discharge summary dated 2 May 2020 includes ongoing management as ‘GP to follow up on impaired renal function’ and ‘encourage oral intake’.

* The Medical officer did not review the consumer until 6 May 2020, four days later, following the second fall. The Medical officer progress note does not indicate any follow-up relating to the consumer’s impaired renal function.
* The Assessment Team was not provided with any evidence that the consumer’s daily intake was encouraged or monitored consistently following return from hospital. The Assessment Team noted two entries in the progress notes for 2 and 7 May 2020 describing the consumer’s intake. Both entries indicate “tolerated food and fluids well”.

The Assessment Team’s report described three progress note entries, two for 4 May 2020 which indicate the consumer was sleepy and slurring his words. A further entry by the Physiotherapist on 7 May 2020 indicates ‘Care staff/Lifestyle staff have reported changes in (the consumer’s) participation in conversation and the ability to follow commands compared with 1 - 2 weeks prior with ? increase in hallucinations and/or disorientation symptoms (RN advised)’.

* The approved provider’s response recognises that on 4 May 2020 there would have been cause to directly contact the Medical officer and request a review rather than documenting an entry in the GP book.

The consumer was transferred to hospital on 7 May 2020. A progress note entry indicates the consumer ‘seemed to be slurring and seemed increasingly weaker after he came back from hospital post fall when he hit his head’ (2 May 2020). On assessment the consumer’s speech was noted to be slurred and the consumer was moderately weaker on right side. The consumer returned to the service on 12 May 2020 with a diagnosis of urosepsis, skin infection to inguinal area, hypernatremia following dehydration and oral candidiasis.

* The approved provider’s response included two Fluid balance chart documents, 12 and 14 May 2020. Both charts are incomplete with no intake documented after 8.00pm on 12 May and no intake documented from midnight to 3.00pm on 14 May 2020.

The Assessment Team viewed the consumer’s file in relation to skin integrity, including progress notes from a hospital admission on 7 May 2020, service progress notes, care plan and skin assessments which demonstrated a change in the consumer’s skin integrity was not identified.

* A progress note from the Emergency Department Registrar recorded on admission to hospital on 7 May 2020 indicated ‘on R groin area there is excoriation and net breakage of skin with white-green discharge unfortunately with a bad smell, extended to the scrotum and perianal area’.
* The care plan indicates the consumer requires one to one physical assistance of two staff throughout the process of washing and/or drying the body. Often resistive during showering or washing. During personal hygiene care check and document any signs of trauma, wounds or infection to skin.
* The service could not provide evidence that the consumer’s skin integrity, specifically the groin area was examined for signs of excoriation daily in line with the skin care plan.
* There were no records of staff identifying, reporting or documenting excoriation or redness to the consumer’s groin area in progress notes dated 23 April to 7 May 2020 viewed by the Assessment Team. Additionally, there were no records of the consumer not allowing staff to check skin in the groin area as per the consumer’s care plan.
* A Skin assessment (Waterlow) dated 7 May and a Returning from hospital checklist which included a skin assessment completed 12 May were viewed by the Assessment Team. The skin integrity section included ‘pressure ulcers’ and ‘excoriation groins and scrotum’. However, management stated this reflected known risks, and did not indicate the consumer had an excoriated groin on 7 May 2020 when the skin assessment was completed.

In relation to the consumer’s skin integrity, staff interviewed by the Assessment Team provided the following information:

* Care staff advised they used wipes to provide perineal care while the consumer was hoisted in the standing hoist.
* A care staff said it was difficult to examine the consumer’s groin skin integrity.
* A Registered nurse stated care staff did not report any skin integrity issues relating to the consumer prior to transfer to hospital on 7 May 2020.
* In relation to the Skin assessment process, one clinical staff member said the skin assessment on the checklist does not mean a head to toe assessment, it is a prompt to review the skin care plan to update if required.

The approved provider did not agree with the Assessment Team’s findings of not met. However, the approved provider’s response includes actions taken or in progress in relation to the Assessment Team’s report, including:

* Additional training for staff in relation to overall clinical monitoring/deterioration, skin assessment, continence and aid care, and clinical governance has been incorporated into the service’s education plan. The training includes conducting quizzes to evaluate the learnings and sustained knowledge.
* A review is being undertaken of options and strategies for further fluid delivery for consumers.
* A review of consumers with a history of urinary tract infections and any clinical co-morbidities to ensure effective management strategies are in place has been completed. Education has been provided to staff in relation to monitoring and management of these consumers, including recognising acute clinical deterioration.
* A review of regularity of analysis of urine, presentation of infection notification forms and monitoring has been conducted.

I acknowledge the approved provider’s actions, outlined in the response, taken to address the issues identified by the Assessment Team. I also acknowledge feedback documented in the Assessment Team’s report relating to six representatives interviewed who were satisfied with the personal and clinical care provided. Additionally, I acknowledge that six consumer files viewed by the Assessment Team demonstrated appropriate identification and management of high impact or high prevalence risks, including strategies to mitigate risks.

However, this requirement expects that services effectively manage the high impact or high prevalence risks associated with the care of each consumer. That is, each individual consumer should expect to have their high impact or high prevalence risks associated with the care effectively managed. Specifically, in this case, the consumer in the Assessment Team’s report should have had their risk of clinical deterioration and skin integrity effectively managed.

While I acknowledge the service provider’s pro-active response to the Assessment Team’s report and implementation of corrective actions to address the deficiencies identified by the Assessment Team, I find that at the time of the Assessment Contact, the service did not effectively manage high impact or high prevalence risks associated with the care of each consumer.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Greenmount, Non-compliant in relation to Standard 3 Requirement (3)(b).

# 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:
	+ Identify changes to consumers’ health and well-being, including clinical deterioration, nutrition and hydration and skin integrity.
	+ Appropriately escalate/report changes to consumers’ health and well-being, including clinical deterioration, nutrition and hydration and skin integrity to relevant clinical staff and/or management.
	+ Conduct a comprehensive reassessment of skin integrity, including observation during reassessment periods, where changes to skin integrity are identified and on return from hospital.
	+ Review processes and practices relating to monitoring of nutrition and hydration requirements, including intake.
* Ensure policies and procedures in relation to clinical deterioration, skin integrity and nutrition and hydration are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies and procedures in relation to clinical deterioration, nutrition and hydration and skin integrity, including reporting, assessment and monitoring processes.