Regis Greenmount

Performance Report

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**Commission ID:** 7802

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

**Assessment Contact - Site date:** 19 August 2021

**Date of Performance Report:** 28 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 |

# 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 10 September 2021
* the Performance Report dated 9 June 2021 for the Assessment Contact – Site conducted 18 March 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 Non-compliant as the one Requirement assessed has been found Non-compliant.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in Standard 3. This Requirement was found Non-compliant following an Assessment Contact conducted 18 March 2021 as the service had not effectively managed high impact or high prevalence risks for each consumer, specifically in relation to pressure injuries and behaviours. The Assessment Team’s report did not include evidence of actions taken by the provider to address deficiencies identified.

At the Assessment Contact conducted 19 August 2021, the Assessment Team were not satisfied the service demonstrated high impact or high prevalence risks associated with consumers’ care have been effectively managed, specifically pain, pressure injuries, wound management and indwelling catheter care for three consumers. The Assessment Team have recommended Requirement (3)(b) in Standard 3 not met.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Regis Aged Care Pty Ltd, in relation to Regis Greenmount, Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in 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.*

This Requirement was found Non-compliant following an Assessment Contact conducted 18 March 2021 as the service had not effectively managed high impact or high prevalence risks for each consumer, specifically in relation to pressure injuries and behaviours. The Assessment Team’s report did not include evidence of actions taken by the provider to address deficiencies identified.

At the Assessment Contact conducted 19 August 2021, the Assessment Team were not satisfied the service demonstrated high impact or high prevalence risks associated with consumers’ care have been effectively managed, specifically pain, pressure injuries, wound management and indwelling catheter care for three consumers. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* The consumer was identified with a stage 2 pressure injury to the heel in July 2021 and a stage 1 pressure injury to the back in August 2021. A personal hygiene care plan subsequent to development of the pressure injuries indicates Consumer A requires physical assistance with personal hygiene.
* Photographs indicate the heel wound appears to have changed to an unstageable wound. The wound care plan has not been updated to reflect this change and wound products used have not been changed since the wound was identified.
* The wound management plan was updated and the wound product changed following feedback from the Assessment Team.
* The skin assessment and pressure relieving strategies were not reviewed until 24 days after the first pressure injury was identified. The consumer was identified as a high risk of developing pressure injuries and management strategies implemented. No specific pressure injury prevention strategies are documented for the heel.
* The previous skin assessment was dated December 2020 and indicated a risk of developing pressure injuries. Repositioning was identified as an intervention, however, no specific times are documented.

Consumer B

* A stage 2 pressure injury was identified to the consumer’s sacral area in July 2021. The care plan, prior to identification of the wound, indicates staff are required to physically assist the consumer with personal hygiene and repositioning.
* Clinical management reported the wound was not a pressure injury and was related to incontinence. However, following identification of the wound, a continence assessment has not been completed.
* Two registered and four care staff stated the wound was a pressure injury and did not indicate the wound was related to incontinence.
* Management indicated they contacted the continence aid supplier on the day of the Assessment Contact.

Consumer C

* The representative reported the consumer tells them staff won’t give them anything for pain.
* Progress notes over an eight day period in July 2021 demonstrate the consumer complained of abdominal pain on four occasions.
* On one occasion, there is no evidence the consumer’s pain was addressed or pain assessment completed.
* On one occasion, pain was noted to not have settled with ‘regular tablets’ and there was no stock of the ‘as required’ medication prescribed.
* There is no evidence this prompted a review of current analgesia, a trial of alternative pain management strategies, pain charting or referral to the Medical officer.
* Directives relating to management of an indwelling catheter include emptying the bag eight hourly. This has led to staff not checking the catheter regularly or identifying a blockage.
* Care staff indicated they empty the catheter once a shift.
* Progress notes for July 2021 record 11 occasions where the catheter was bypassing urine, was blocked or kinked due to poor positioning. The consumer’s high risk or high impact risks relating to the catheter were not identified and management strategies were not implemented.
* A progress note in August 2021 indicates staff recorded the catheter was bypassing urine and the Registered nurse was informed. There are no further progress notes documented until two days later indicating the catheter was bypassing and the consumer was complaining of discomfort.

The provider did not dispute the Assessment Team’s findings, however, expressed disappointment at the not met recommendation. The provider is committed to quality improvement and, following the Assessment Contact, has undertaken immediate steps to mitigate any potential risks identified in the Assessment Team’s report. A comprehensive Continuous improvement plan was included as part of the provider’s response addressing the issues identified in the Assessment Team’s report. The provider’s response included, but was not limited to:

* Completed a comprehensive review of assessments and care plans for consumers highlighted in the Assessment Team’s report.
* Commenced review of pain assessments and skin integrity risk assessments for all consumers.
* Professional development for staff relating to pain management, continence, catheter management and skin integrity/wound management.
* Initiated weekly skin checks for all consumers.
* Commenced a review of files for all consumers with pressure injuries, chronic wounds and catheters.
* Completed a review of all pressure injury and chronic wound assessment plans.

I acknowledge the provider’s response to the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, high impact or high prevalence risks were not effectively managed for each consumer.

For Consumers A and B, I have considered that while both consumers required assistance of staff with personal care, changes to skin integrity were not identified in a timely manner with both consumers being identified with pressure injuries at stage 2. For Consumer A, skin assessments and management strategies were not reviewed until 24 days after the first pressure injury was identified and while the pressure injury to the heel was noted to have deteriorated, the wound treatment plan had not been reviewed in response to facilitate wound healing.

In relation to Consumer C, I have considered that pain has not been effectively managed. The service did not initiate further assessments or monitoring processes, review pain management strategies or initiate a referral to a Medical officer in response to the consumer’s ongoing complaints of pain. I have also considered that strategies to manage the consumer’s catheter have not been implemented with issues related to the catheter being noted on 11 occasions in July 2021.

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

# 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)**

* Staff have the skills and knowledge to:
* Identify and escalate changes to consumers’ skin integrity and wounds.
* Initiate appropriate monitoring processes and assessments in response to changes in consumers’ skin integrity and review and/or implement appropriate management strategies.
* Initiate appropriate monitoring processes and assessments in response to pain and review and/or implement appropriate management strategies.
* Provide appropriate care in relation to indwelling catheters.
* Ensure policies, procedures and guidelines in relation to skin care, pain, wound management and catheter care are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to skin care, pain, wound management and catheter care.