Wahroonga

Performance Report

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**Commission ID:** 5206

**Provider name:** Lutheran Church of Australia - Queensland District

**Assessment Contact - Site date:** 28 April 2021 to 29 April 2021

**Date of Performance Report:** 17 June 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(f) | 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 21 May 2021
* the provider’s response to the request for information received 15 June 2021
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided. However, a decision of Non-compliance in one or more requirements results in a compliance rating of Non-compliance for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

Initial and ongoing assessment and planning processes were not effective in identifying and considering risks to consumers’ health and well-being. Documentation utilised to inform care delivery was not inclusive of the individual risk to consumers.

Assessment of wounds were not accurate and did not reflect or address the condition of the wounds, inaccuracies included measurements and frequency of wound care. Pain assessments and pain monitoring documentation were not current for a consumer with chronic pain. Falls assessment have not been update or reviewed following a consumer experiencing unwitnessed falls. Pressure area risk assessment were not completed for two consumers on entry to the service. Restraint authorities did not contain authorisations from consumers or their representatives.

Monitoring processes have been ineffective in identifying deficits in the assessment and planning of consumer care. While polices and procedures were available to guide staff in completing assessments and care planning, these were not followed by staff.

The Approved provider in its written response has committed to addressing the deficits in assessment and care planning through the action plan completed following the Assessment contact visit. Actions include, care planning processes will be regularly included in the service’s newsletter to remind consumers and representatives of the availability to be included in assessment and care planning processes. Further in-depth case conference discussions will take place including the availability of care plans for consumers and representatives. Registered staff will be supported by the Care partner clinical support member to provide additional oversight in relation to best practice. A weekly audit of care planning and assessment processes will commence.

While I acknowledge the actions taken and planned by the Approved provider to rectify these deficits, these actions are yet to be completed or tested for their effectiveness. Therefore, it is my decision this Requirement is Non-compliant as assessment and planning processes did not consider risks to individual consumers.

# 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 did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided. However, a decision of Non-compliance in one or more requirements results in a compliance rating of Non-compliance for the Quality Standard.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

Consumers did not receive safe and effective care that was tailored to their needs to optimise their health and well-being. A consumer representative was not satisfied with the delivery and management of wound care. Monitoring processes were ineffective in identifying deterioration in wounds. The care of wounds and pressure injuries was not timely or effective.

Consumers were not satisfied with the delivery and management of wound care. For one named consumer, their representative stated numerous skin tears had been caused to the consumer through manual handling by staff. While the Approved provider notified them of the skin tears, it was also noted poor manual handling by staff had caused the skin tears.

For three named consumers wound care documentation does not support the delivery of safe and effective wound care.

For one named consumer a pressure injury risk assessment was not completed when they returned from hospital with a Stage I pressure injury to their heel and a suture line which was noted to be at risk of deterioration. Twelve days after entering the service, the pressure injury deteriorated to a Stage III pressure wound and a wound chart was commenced. A pressure injury risk assessment was not completed and pressure reliving devices were not documented as implemented. Wound charting did not demonstrate the wound was attended to as prescribed and monitoring processes including photographs were ineffective in establishing the healing process of the wound. The consumer sustained a second pressure injury to their sacrum identified 24 November 2020, and a pressure reliving mattress was noted to be in place. The second pressure injury deteriorated and required antibiotic therapy. A pressure injury risk assessment was completed 27 November 2020, which identified the consumer was at high risk of developing pressure injuries, this assessment was completed 22 days after the consumer entered the service and had two current pressure injuries and a suture line. Wound care documentation did not support the consumer received wound care as prescribed for an ulcer which developed on their suture line, the wound healed after approximately three months. The consumer was not referred to a wound care specialist until 15 January 2021, two months after entering the service. Preventative strategies were implemented following the review by the wound specialist including heel protectors and the provision of second hourly position changes. In conclusion, pressure area risk assessments were not completed in a timely manner to identify the risk of the consumer developing further pressure injuries, wound care was not delivered as prescribed, preventative strategies were not considered or implemented to reduce the risks of further pressure injuries and referral processes to a wound care specialist was not timely.

For a second named consumer, pressure injury risk assessments were not completed prior to the consumer developing a Stage II pressure injury to their sacrum. Wound care was not provided as prescribed, and the pressure injury deteriorated to a Stage III pressure injury in eight days. In summary, pressure area risk assessment was not completed for a consumer prior to the developing a pressure injury, wound care was not delivered as prescribed and wound deteriorated.

For a third consumer with three ongoing pressure injuries, a delay of two days in the commencement of antibiotics was noted following the deterioration of one of their pressure injuries. The wound continued to deteriorate and required debridement one month after the prescription of antibiotics. The consumer was not referred to a wound care specialist until 26 April 2021, despite having a deteriorating pressure wound requiring debridement and antibiotics.

The Approved provider in its response to the Assessment Team’s findings has created an action plan with multiple actions to address the deficiencies in wound care. While I acknowledge these actions and the commitment of the Approved provider to improve wound care and pressure area identification at the service, at the time of the Assessment contact wound care delivery was not safe and effective for consumers, and consumer have had negative care outcomes based on poor wound care delivery.

For four named consumers requiring physical and chemical restraint, authorisation documentation did not support the involvement or consent by the consumer or their representative to the use of restraints. Monitoring processes to track the number of consumers requiring restraint were not effective and did not demonstrate steps taken to reduce the number of restraints used at the service. The Approved provider via its action plan has committed to a review of restraint authorisation processes and an audit of restraint documentation to be completed by 30 June 2021.

Based on the information contained above, it is my decision consumers did not receive safe and effective clinical care and therefore this Requirement is Non-compliant.

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The risk to consumers was not effectively managed. Incidents were not documented or reviewed to implement preventative strategies to decrease the risk of further incidents occurring. For four consumers incident reports were not documented when incidents occurred, and consequent follow up investigations to the incidents were delayed.

For one named consumer who sustained nine skin tears between January and April 2021, incident reports had not been completed and the consumer’s next of kin was not notified for three occasions when the consumer sustained a skin tear. Retrospective incident reports were completed for four incidents of harm to the consumer, delays of days to weeks were noted between the incident occurring and the completion of incident reports.

Three consumers identified in Requirement 3 (3) (a) did not have wound care provided as prescribed and sustained deterioration to their wounds. This does not support the management of their high risk of developing pressure injuries or the monitoring of deteriorating pressure injuries.

For a diabetic consumer with reportable parameters set by their medical officer, documentation does not support the consumer was referred to their medical officer when blood glucose readings were recorded below set parameters on three occasions in April 2021. This does not support the effective management of the consumer’s high-impact risk associated with their diagnosis of diabetes.

Management stated clinical incidents were to be recorded in the service’s electronic care system to support the creation of clinical indicators. The clinical indicator report contained inaccuracies in relation to pressure injuries and chronic wounds. Progress notes are reviewed to identify when incidents occur, and progress notes are reviewed to monitor incidents that have been resolved. A delay of up to three months after the initial incident occurring was noted and the creation of an incident report. This does not support an effective incident management system to address the high-impact for consumers when incidents have occurred.

The Approved provider has included in its action plan actions to be taken in relation to incident reports including daily review of progress notes to ensure incidents have been recorded and education and mentoring to be provided to clinical management staff in relation to incident management.

In effective incident management processes have not supported the management of consumers with high-impact or high-prevalence risk, therefore it is my decision this requirement is Non-compliant.

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

Referrals have not occurred in a timely manner for consumers with identified needs. Consumers have experienced deterioration in their wounds without referral to a wound care specialist.

For a named consumer with unstable diabetes and a Stage III pressure injury, referral processes have not occurred either to a dietitian or wound care specialist, to determine if their unstable diabetes is affecting their wound healing capabilities. For one named consumer who sustained three falls between February and March 2021, documentation does not support a referral to a physiotherapist occurred to support the implementation of preventative strategies. A further named consumer was identified as requiring assistance with meals due to numerous incidents of choking, however this consumer had not been referred to a speech therapist for review and possible dietary changes to reduce their risk of choking.

While the service had referral processes in place these did not occur for the named consumers above. The Approved provider’s action plan completed to address deficiencies in this Requirement contains numerous actions to address the deficits in referral processes. However, these were not in place at the time of the Assessment contact and will require additional time to implement and evaluate for their effectiveness. Therefore, it is my decision this Requirement is Non-compliant.

# 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.

* *Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*
* *Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*
  + *is best practice; and*
  + *is tailored to their needs; and*
  + *optimises their health and well-being.*
* *Effective management of high impact or high prevalence risks associated with the care of each consumer.*
* *Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

**Other information**

The Approved provider was requested to provide further information in relation to information received by the Commission (2 June 2021) relating to the care provided to a named consumer in relation to their skin care and possibility of rodent bites sustained by the consumer.

The Approved provider’s response included actions taken to reduce the reoccurrence of rodents entering the service. These actions included:

* Reviewing and increasing the frequency of pest management visits
* Increase in the number and types of traps at the service
* Increase staff awareness of locations of traps to ensure consumer safety
* Escalating rodent sightings to readjust pest management plan if necessary
* Ensuring staff are monitoring and cleaning rodent droppings
* Weekly observation audit of the environment.

How the service meets the Aged Care Quality Standard 1 (3) (a) in relation to consumers being treated with dignity and respect with their identity, culture and diversity valued.

How the service meets the Aged Care Quality Standard 3 (3) (a) in relation to consumers receiving safe and effective personal care and clinical care.

* The Compliance decision following the Assessment contact 28-29 April 2021 evidences the service is Non-compliant in this Requirement.

Current care planning and wound care documentation for the named consumer.

Incident reports relating to the rodent bites.

How the service meets the Aged care Quality Standard 5 (3) (b) in relation to the service environment being safe, clean, well-maintained and comfortable.

Current management oversight to the service during the Manager’s long service leave.

Any other information the service deemed relevant to the care of the named consumer.

I have reviewed the information submitted by the Approved provider following a request for information, and have noted the following:

* The service was unable to determine if the marks to the consumer’s legs were rodent bites, however action was taken including the notification of the Medical officer and next of kin and the commencement of antibiotics.
* I note from wound chart photographs the area appears to be healing.
* Activities of daily living charts completed by care staff following the suspected incident did not include any information relating to the consumer’s changed skin integrity as noted in wound charting.
* The incident of suspected rodent bite was reported as occurring 24 May 2021, however I noted through pest sighting records rodents were sighted at the service as early as 15 May 2021. I also note that the pest control contractor did not attend the service until 31 May 2021 to position traps at the service.

While it is not definitive the consumer was bitten by a rodent, it is my opinion appropriate action was taken when marks to the consumer’s legs were noted. I was concerned regarding the timeliness of the pest control contractor attending the service when rodents were sighted 16 days prior to their attending the service. I have noted however the service has undertaken a contract to increase pest control services during the current rodent plague. It is my opinion other steps taken by the service will reduce the risks of consumers being affected by the current rodent plague.