Performance

Report

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| Name of service: | Abbey House Aged Care |
| Service address: | 300 Range Road MITTAGONG NSW 2575 |
| Commission ID: | 2610 |
| Approved provider: | Thompson Health Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 28 June 2023 |
| Performance report date: | 20 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Abbey House Aged Care (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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 team’s report received 18 July 2023
* Performance Report dated 19 October 2022

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

* Requirement 3(3)(a) – Implement an effective system of identification/monitoring and management to ensure each consumer receives safe, effective clinical care, in particular relating to pressure injury, wound care, pain management and unplanned weight loss. Implement a system to ensure incidents are reported in a timely manner.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Non-compliant |

Findings

The Quality Standard was not fully assessed. One of seven requirements was assessed and found non-compliant.

A decision was made on 19 October 2022 that the service was non-compliant in requirement 3(3)(a) after a site assessment conducted 6 - 8 September 2022. The service did not demonstrate an effective system to ensure staff adherence to organisational expectations resulting in consumers not receiving personal/clinical care (in particular medications) as per assessed needs, goals, and preferences.

The approved provider advised the assessment team conducting an assessment contact visit on 28 June 2023 of improvement activities/actions in response to previous non-compliance; items were acknowledged via interviews with management and staff. These include:

* Education was provided to all staff administering medications in relation to the service’s policies and procedures, emphasising importance of timely administration/impact of delay/ reporting medication errors via the electronic documentation system (EDS).
* Conducting routine monitoring audits to ensure medication administration is appropriately managed. Documentation review note audits relating to administration of time sensitive medications.
* Management addressed each concern previously raised (feedback relating to care provision not in alignment with consumer preferences and as documented in care plans). One consumer and a representative interviewed expressed current satisfaction with care provision.
* Management advised nil complaints/adverse events recently in relation to medication administration. Document review of medication incidents demonstrate a downward trend and issues relating to medication management are noted in medication advisory committee meetings.
* The assessment team observed a registered nurse appropriately administering medications as per medical officer directives and an interviewed consumer expressed satisfaction in relation to support received.

During this assessment contact information was gathered through interviews, observations, and document review. The assessment team reviewed documentation relating to care of a consumer named during the site assessment in September 2022, noting some delay in receipt of medication during palliative care.

The service demonstrate provision of safe, appropriate medication management. Examples of appropriate care for two consumers identified as experiencing unplanned weight loss detail timely review by medical officer/dietitian, provision of dietary supplements and representative involvement.

However, the service did not demonstrate sampled consumers consistently receive safe/effective best practice clinical care tailored to their needs. Policy/procedure documentation guides staff relating to organisational expectations associated with skin integrity/wound management and incident reporting. Interviewed care staff gave differing responses in relation to pressure injury care and documentation requirements.

Documentation review for consumers requiring wound care detail most did not have management of wound care reflective of clinical diagnosis. Via review of 5 consumer’s documentation the assessment team bought forward deficiencies relating to lack of timely identification/staging of pressure injury/wound care, lack of appropriate clinical assessment, and photographic evidence not detailing consistent measurements, nor strategies to minimise further deterioration. For 2 consumers incident reports were not recorded upon identification of a pressure injury to ascertain causal factors and documentation lacked information as to pressure injury staging, management of wound care and/or mitigating strategies to prevent further deterioration. The service did not demonstrate a consistent process of review/identification of possible pain associated with pressure injury/wound care management.

Management acknowledge one consumer’s wound required re-assessment by an independent wound care consultant, another required podiatry review, two required reassessments for possible pain associated with wound care and updating of care plans to guide care delivery. They note recent amendments to the service’s EDS resulted in a lack of wound care descriptor within wound/skin assessment and subsequent inaccuracies in documentation. In addition, wound care photographs had not been uploaded into the EDS. Education/training was provided to registered nurses in relation to organisational requirements and management committed to undertaking further education/training relating to clinical care/reporting requirements.

In their written response, the approved provider supplied a Plan for Continuous Improvement (PCI) detailing the following actions: review of consumers skin integrity resulted in escalation of issues to registered nurses, review of all residents wound care identified registered nurse training requirements relating to wound care identification/descriptors/evaluation and pain assessment; discussions at weekly leadership meetings to enable clinical oversight and provision of education/training. A clinical nurse specialising in wound management conducted a review of all named consumers; developing separate wound management documentation where required, reassessment of pain and care plans updated to reflect accurate care needs; plus, purchase of a new device to enable legible wound photography. Completion of a gap analysis to ensure all incidents are reported and retrospective investigation occurred. Senior management team to be provided with education aligned with policy/procedures/role responsibilities. Consumers weight management reviewed resulting referral to medical officer/dietitian/podiatrist. Ongoing monitoring/audits to be conducted by senior management.

In consideration of compliance, while I acknowledge immediate and planned actions, plus review of named consumers, I am swayed by the evidence bought forward by the assessment team demonstrating the service’s self-monitoring systems to be ineffective in identifying deficits in clinical care. I accept the approved provider’s PCI details responsibility and anticipated timeframes for completion; however, I consider it will take some time for the service to demonstrate sustainability of newly implemented process, plus effectiveness of education/training resulting in positive outcomes to ensure consumers clinical care needs are consistently identified and appropriately met.

I find requirement 3(3)(a) is non-compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of five requirements was assessed and found compliant.

A decision was made on 19 October 2022 that the service was non-compliant in requirement 7(3)(a) after a site assessment conducted 6 - 8 September 2022. The service did not demonstrate an effective system of workforce planning to enable delivery and management of safe, quality care and services.

The approved provider advised the assessment team conducting an assessment contact visit on 28 June 2023 of improvement activities/actions in response to previous non-compliance; items were acknowledged via interviews with management and staff. These include:

* The approved provider offered shared services across all 15 residential aged care services including staff bonuses/incentives and review of rostering on a weekly basis to ensure adequate staff skill mix.
* To develop workforce skills paid training has been offered to staff qualified with Certificate III to obtain Certificate IV qualifications, and complete medication competency course.
* Engagement/partnering has occurred with training providers including local TAFE/Colleges to host student placement programs.
* Offering of referral/sponsorship programs to new employees.
* Organisational initiatives were implemented to attract more candidates to the service: a recruitment open day in November 2022 to attract more candidates for multiple positions; new applicants provided with onsite tours/interviews; flyers displayed within local community, medical centres, GP notice boards; initiated payment of a ‘Welcome Bonus on Offer’ and offered employees paid ‘Thank You’ and travel allowance.
* Plans to review staffing roster, job descriptions/duty lists to improve roster allocation.
* Implementation of a surge workforce program. Contact retired staff to return/provide support; and designated workforce from sister services allocated to services experiencing staffing challenges.
* Review of consumer’s previously not receiving appropriate care to ensure care receipt in accordance with care planning directives tailored to specific needs/goals/preferences.

The service demonstrates active recruitment of clinical, care and general service staff. All sampled consumers consider a notable change in staffing levels across all areas in recent months, giving examples of improved response times when requesting assistance, including timely receipt of pain relief medication. They express confidence staff have appropriate training to successfully perform clinical and care duties. Interviewed staff acknowledge increases in staffing numbers enabling more timely care/service provision. Clinical staff note new care staff may benefit from additional training regarding identification of changes in consumers condition including incident management procedure. Interviewed staff working in the memory support unit, note increase in care staff numbers resulting in improved consumer care. Management advise recruitment of several additional staff during 2023, noting an ongoing organisational recruitment program, daily monitoring of staffing numbers plus a reduction in response times to consumers requests for assistance, plus manager availability to ensure adequate clinical coverage. Document review details recording/monitoring of staffing numbers/response times and staff training records. The assessment team observed staff responding to consumers requests for assistance in a timely manner.

During this assessment contact the assessment team observe an increase in staffing levels however note gaps in clinical and care staff knowledge relating to incident, pain, and wound management (refer to requirement 3(3)(a) for consumer impact). In response, the service implemented an action plan to immediately address deficits via additional education/training. In their written response, the approved provider evidenced recent education/training including records demonstrating staff attendance.

In consideration of compliance, I am swayed by evidence bought forward by the assessment team, feedback received from consumers/representatives/staff and the service’s demonstration of actions/outcomes to ensure a planned workforce (including number and skill mix of staff).

I find requirement 7(3)(a) is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)