Performance

Report

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| Name of service: | Anglicare SQ Symes Grove Home for the Aged |
| Service address: | 314 Church Road TAIGUM QLD 4018 |
| Commission ID: | 5051 |
| Approved provider: | The Corporation of the Synod of the Diocese of Brisbane |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 February 2023 |
| Performance report date: | 14 March 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 Anglicare SQ Symes Grove Home for the Aged (**the service**) has been prepared by K. Reed, 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 Performance report for the site audit conducted 09 May 2022 to 11 May 2022
* the provider’s response to the assessment team’s report received 13 March 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |

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.

* Consumers are to receive timely assistance with their personal care needs.

# 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**

Consumers were not receiving safe and effective personal care. Delays in staff attendance to address consumers’ care needs has had a negative impact on consumers and consumers were not satisfied with the timeliness of personal hygiene cares. The sufficiency of staffing was not adequate to ensure timely provision of care. Management acknowledged the workforce shortage which resulted in unfilled shifts.

This Requirement was found Non-compliant at the Site audit conducted on 09 May 2022 to 11 May 2022, and while deficits relating to restrictive practices and behaviour support plans have been addressed, the provision of consumer care was not optimising their health and well-being.

The Assessment contact report contained information consumers were not satisfied with the timeliness of consumers’ personal cares. Consumers provided feedback they had been left in soiled continence aids for extended periods of time which had a negative impact on the consumers and resulted in embarrassment.

The Approved provider in its response to the Assessment contact report indicated the following actions had been taken or were planned to address and improve service delivery relating to personal hygiene for consumers, for example;

* Hygiene and continence assessments that were due within the next three months will be completed by March 2023.
* Communication has been shared with staff around expected care delivery to ensure hygiene needs are met in a dignified and respectful manner. A review of the memorandum dated 06 March 2023, indicated a care staff member at the beginning of each shift was to regularly check call bells and the annunciator during the busiest times. Registered staff were to oversee care staff and assist when required. Call bell response times were to be monitored by Management on a weekly basis. Expectations of call bell response times was listed as five minutes; however, it was noted the expected response times during high activity times was extended to ten minutes. The memorandum does not contain information relating to consumer hygiene needs were to be met in a dignified and respectful manner, it relates to call bell response times.
* Additional continence education was scheduled for 07 and 14 March 2023. A meeting attendance register submitted by the Approved provider evidenced 12 registered staff attended education relating to incontinence associated dermatitis, call bell response and personal hygiene cares between 07 and 10 March 2023.

Care staff confirmed there were delays in providing cares to consumers due to a lack of staff. Consumer meeting minutes dated 2 February 2023 indicated 20% of call bell response times were more than 5 minutes in duration and staff allocations between 8am and 9am could be improved. No actions were recorded to address this concern in the meeting minutes and consumers and representatives continue to provide negative feedback in relation to the timeliness of care delivery.

In relation to call bell response times, the Approved provider stated in its response it was usual practice for a staff member to discuss with the consumer who had activated their call bell the reason for the call, and if the staff member was busy they would discuss this with the consumer, turn off the call bell and return later. The Approved provider noted despite enhanced communication with consumers regarding call bell response, consumers felt frustrated about call bell response times, and the following actions have been taken to improve service delivery;

* The Quality and Education Coordinator and the clinical team will continue to report call bell response times to review peak activity times. Repeat calls will be monitored that may indicate needs are not being met. This will inform the workforce strategy.
* A weekly call bell response survey with a random 10% of consumers will be conducted to test improvements to call bell response times.
* Call bell response times will be a standing agenda item at consumer and staff meetings
* Call bell response time expectations have been shared with staff via a memorandum distributed 06 March 2023.
* Call bell times were being reviewed and monitored in line with the roster budget review to identify any opportunities to enhance workflows.

Management acknowledged the service was experiencing workforce shortages. Management identified a number of staff were unable to work due to higher security clearances required to support working with consumers under the National Disability Insurance Scheme. Staff were required to fund the clearance process themselves and management stated they were investigating this process within the organisation. The service allocated additional morning shifts following a review of consumer care needs, however, despite recruitment strategies the service has been unable to fill all vacant shifts. Clinical and service management staff were working as allocated staff to minimise the risk to consumer in having delays for personal care.

The Approved provider acknowledged that further improvements could be made in terms of workforce sufficiency. The Approved provider did not respond to information relating to staff security clearances in their response. The following actions have been implemented to address workforce levels, for example;

* The clinical team will continue to respond to unplanned and emergent leave.
* Consultation with the workforce on current workflow and process to determine efficiencies.
* Conduct a roster review, specifically focused on the number and distribution of staff across the service, including the 7am to 1pm.
* Review outcomes of call bell response times and align with the roster.
* Continued focus on innovative recruitment strategies.

For a named consumer who was interviewed by the Assessment Team at 11am, they stated their continence aid had not been changed since the previous evening, leaving them to feel uncomfortable and embarrassed. The continence care plan for the consumers states the consumer requires toileting upon rising. The consumer stated they had requested assistance earlier in the shift, staff had entered her room deactivated the call bell and stated they would return later. This information was confirmed by call bell records which indicated the consumer had activated their call bell 21 minutes earlier. Wound records indicate the consumer had a Type I pressure injury on their sacrum and had been reviewed by the Medical officer for pain in the perineal area and rashes to their bottom and groin area in February 2023. Clinical staff provided feedback the consumer’s continence aid is usually changed before breakfast and the consumer wears a large continence aid which should be comfortable.

The Approved provider in its written response to the Assessment contact report evidenced that a full review of assessments and care plans had been completed 02 March 2023, to reflect the ongoing changes in the named consumer’s overall health. The continence assessment completed 02 March 2023, confirmed the consumer was incontinent of urine and faeces, and was reliant on staff to attend to all aspects of their continence needs. Urinary charting completed 17 February 2023 was incomplete, therefore the consumer was commenced on further seven-day continence charting 02 March 2023, to inform any further changes to the consumer’s care needs. The Approved provider confirmed the consumer had a Stage I pressure injury diagnosed 05 February 2023, and additional skin integrity management measures were established including an air mattress and wound assessment and care plan. The Approved provider notes the consumer had no further signs of altered skin integrity as evidenced by wound photography taken 04 March 2023. A review of the wound photograph taken 04 March 2023, indicates a darkened red area over the consumer’s coccyx, however, it was noted the colour of the wound is pink and there is no exudate. A case conference was held with the consumer’s representative to ensure they were informed of the delivery of care according to recent assessments completed.

A representative provided feedback the incontinence aid for their husband is often not changed overnight, resulting in the consumer wearing a soiled aid when they visit in the morning, causing a rash and thrush. Documentation supported the consumer had Incontinence associated dermatitis since 17 December 2022. Despite an action included on the service’s plan for continuous improvement to chart continence management to support appropriate toileting, documentation had not been completed for the consumer since December 2022. Following feedback, management advised there are insufficient staff in the area where the consumer resides to deliver care in the morning. Actions taken by management to improve continence aid management included the addition of a care staff shift to the roster, however, this was ineffective as the shift was unfilled. A review of the consumer’s continence aid was undertaken and education provided to consumers and representatives regarding the changing requirements of continence aids. Despite these actions, the consumer and representative were not satisfied with personal care delivery.

The Approved provider in its response to information relating to this consumer evidenced a case review was undertaken by the Clinical Nurse on 01 March 2023. Actions taken following the review included the consumer’s continence needs and preferences were recorded in the continence assessment and care plan. The continence assessment identified the consumer is incontinent of urine and faeces, is prone to Incontinence associated dermatitis and requires full assistance from staff. The assessment notes the consumer requires toileting or checking of their continence aid every two hours between rising and 7pm. Preventative measures to decrease the risk of Incontinence associated dermatitis were included in the wound assessment care plan. Continence management charting was commenced on 01 March 2023 for three days to provide an opportunity to modify care plans and continence aids if required. Communication processes between the consumer’s representative and staff will be reviewed by the end of March 2023 to ensure this is working more effectively as there has been miscommunication relating to care provision for the consumer. While photographs submitted as part of the Approved provider’s response indicates the consumer is currently not affected by Incontinence associated dermatitis, the skin assessment completed 06 March 2023 indicates the consumer is at very high risk of developing a pressure area and their skin was noted to be dry, swollen, of tissue paper thickness, broken and discoloured.

For another named consumer, they provided feedback they experienced pain and discomfort due to delays in staff attending to their urinary catheter. The consumer provided feedback delays in staff assistance can range from 20 to 45 minutes. During a recent COVID-19 outbreak the consumer stated they had to clean up urine from the floor as delays in call bell responses were so long. Following feedback, management stated the service is considering new options for their call bell system, to allow for increased oversight and monitoring.

The Approved provider in its response refuted the consumer had a delay in the answering of their call bell the day prior to the assessment contact and submitted a report which indicated one instance of the consumer’s call bell unanswered after 5 minutes. The Approved provider also submitted evidence the consumer was satisfied with their current hygiene schedule.

A fourth consumer provided feedback that they were left in a soiled bed regularly, felt they were ignored requiring them to scream out for assistance. The consumer stated when they are not assisted, and their bed is soiled it burns their skin. The consumer also stated they wished to be showered more frequently as their last shower was 5 days prior to the Assessment contact. A consumer was heard calling out earlier in the day, clinical staff confirmed it was the same consumer and it was their usual behaviour.

The Approved provider acknowledged the consumer noted above felt frustrated and an apology was provided, and a review of the consumer’s care needs were reviewed. The continence assessment and care plan were noted to be current for the consumer’s needs. The consumer refuses to wear continence aids to assist with their faecal incontinence and a dignity of risk form has been completed in relation to the consumer’s continence choices. Evidence was also provided the consumer was seen regularly by their medical officer. The personal hygiene assessment indicated the consumer preferred to be showered Monday, Wednesday and Friday and would have bed sponges on the remaining days.

While the service has rectified deficits in this Requirement relating to restrictive practices, consumers are not receiving personal care that is best practice, and cares are delayed resulting in negative impact for consumers.

I acknowledge the actions taken or planned by the Approved provider in addressing the deficiencies in this Requirement, however I also note the following:

While assessments and care plans have been completed and reviewed for the named consumers in the report, that is not a reflection that care is now being delivered in accordance with their preferences, or that the provision of care is timely. Personal hygiene assessments and continence assessment evaluations that are due for the next three months will be completed by the end of March 2023, the service’s plan for continuous improvement indicated this action is in progress. I do not have confidence this action will assist with the timely delivery of personal care.

Education sessions have been planned or have occurred, however, there is no information recorded in the response in relation to how the education will be tested for its effectiveness. Call bell response times will be monitored to review peak activity times. This action is also in progress and has not been completed to provide evidence to support sufficient staff are rostered during peak times.

The Approved provider has acknowledged the workforce sufficiency is impacting on care delivery and actions are ongoing to address this issue, these actions are yet to be completed or tested for effectiveness, and while the plan for continuous improvement indicates actions taken to address workforce sufficiency will be addressed by 31 March 2023, I have considered that the service has been Non-compliant in this Requirement since May 2022 and the timeliness of care delivery was a contributing factor in the initial decision and recorded in the Performance report dated 22 June 2023.

It is my decision this Requirement remains Non-compliant, as consumers continue to experience delays in the provision of cares causing negative impact, frustration and embarrassment to consumers. While actions have been taken or are planned to occur, these actions have not been completed and it is my decision these actions require additional time to be embedded as normal process for the service and require monitoring for their effectiveness.

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