AnglicareSA Elizabeth - Dutton Court

Performance Report

33 Catalina Road
ELIZABETH EAST SA 5112
Phone number: 08 8256 3050

**Commission ID:** 6162

**Provider name:** Anglicare SA Ltd

**Assessment Contact - Site date:** 12 April 2022

**Date of Performance Report:** 18 May 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# 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** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |

# Detailed assessment

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

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 management;
* the provider’s response to the Assessment Contact - Site report received 28 April 2022;
* an Infection Control Monitoring Checklist completed as part of the Assessment Contact – Site undertaken on 12 April 2022; and
* the Performance Report dated 17 September 2021 for the Site Audit undertaken from 16 August 2021 to 18 August 2021.

# STANDARD 2 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 assessed Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) in Standard 2 was found Non-compliant following a Site Audit undertaken from 16 August 2021 to 18 August 2021 where it was found the service did not demonstrate assessment and planning, including risks to the consumer’s health and well-being, consistently informs the delivery of safe and effective care and services. Specifically, assessments relating to wounds and pain. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Anglicare SA Ltd, in relation to AnglicareSA Elizabeth - Dutton Court, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my finding in the specific Requirement below

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) 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.*

The service was found Non-compliant with Requirement (3)(a) following a Site Audit undertaken from 16 August 2021 to 18 August 2021 where it was found the service did not demonstrate assessment and planning, including risks to the consumer’s health and well-being, consistently informs the delivery of safe and effective care and services. Specifically, assessments relating to wounds and pain. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* The pain management procedure is being reviewed.
* Implemented a PainChek assessment tool.
* Pain management plans are reviewed and evaluated during six monthly care plan review and evaluation processes.
* A PainChek utility report allows senior clinical staff to assess consumers’ pain assessment data to make decisions about effectiveness of the pain management plan and to monitor pain.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* All 17 consumers and representatives sampled expressed satisfaction with care planning and assessment processes and confirmed they were aware of the care planning process.
* Entry and ongoing review processes, validated risk tools, referrals to specialists’ services and access to Medical officers assist the service to identify and plan a coordinated approach for care delivery for consumers, including consideration of risks to consumers’ health and well-being.
* A sample of three care files demonstrated assessment and planning, including consideration of risks to consumers’ health and well-being is undertaken. Care files and documentation sampled demonstrated a range of validated risk assessment tools are used to assess and manage a range of risks and individualised management strategies to minimise impact of identified risks are documented.
* Clinical staff described assessment processes for both respite and permanent admissions as well as when assessments would be carried out over the 28-day time frame. Clinical staff also said they use care plans to direct the manner in which care is delivered for each consumer and indicated the information provided is sufficient to enable them to deliver quality care.

For the reasons detailed above, I find Anglicare SA Ltd, in relation to AnglicareSA Elizabeth - Dutton Court, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 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 assessed Requirements (3)(a) and (3)(d) in Standard 3 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

Requirements (3)(a) and (3)(d) in Standard 3 were found Non-compliant following a Site Audit undertaken from 16 August 2021 to 18 August 2021 where it was found the service did not demonstrate:

* each consumer received safe and effective personal and/or clinical care, that was best practice; and tailored to their needs; and optimised their health and well-being; and
* that they responded appropriately to a consumer’s decline in health in a timely manner.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(a) and (3)(d) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Anglicare SA Ltd, in relation to AnglicareSA Elizabeth - Dutton Court, Compliant with Requirements (3)(a) and (3)(d) in Standard 3 Personal care and clinical care. I have provided reasons for my findings in the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

The service was found Non-compliant with Requirement (3)(a) following Site Audit undertaken from 16 August 2021 to 18 August 2021 where it was found the service did not demonstrate each consumer received safe and effective personal and/or clinical care, that was best practice; and tailored to their needs; and optimised their health and well-being. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Undertaken a pain audit which indicated pain had been assessed for all consumers on entry, ongoing pain assessment had been undertaken, as required medication had been documented and non-pharmacological strategies had been utilised prior to administration of as required pain relief.
* Completed a review of all usage of as required schedule 8 medications which identified eight consumers as having excessive use. The eight consumers have been reviewed by the Medical officer and consultation based on clinical needs is ongoing.
* Completed a wound care audit to ensure assessments and wound charting was consistently completed and care plans updated to reflect current regimes in accordance with best practice.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers sampled considered that they receive personal and clinical care that is safe and right for them. Consumers stated personal and clinical care is personalised and their well-being is considered in planning of their care. Additionally, consumers indicated they have access to Medical officers and Allied health professionals who contribute to their care.
* Care files sampled for six consumers demonstrated consumers’ needs and preferences for care had been identified through assessment processes and strategies implemented were in line with best practice care, tailored to the needs of consumers and optimised their health and well-being. Assessment and planning processes capture sufficient information to provide the basis of safe care and services and to address consumers’ current needs and preferences.
* Care files sampled demonstrated appropriate management of specific areas of clinical care, including pressure injuries, pain, diabetes and falls management. Where changes in consumers’ health and well-being had been identified, further assessments and monitoring had been implemented and review and/or changes to care plans to reflect consumers’ current care needs completed.
* Staff sampled described how they provide care and ensure services are delivered in a safe and effective manner. Staff described management processes relating to falls, wound assessment and pain in line with the service’s policies and procedures.

For the reasons detailed above, I find Anglicare SA Ltd, in relation to AnglicareSA Elizabeth - Dutton Court, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The service was found Non-compliant with Requirement (3)(d) following Site Audit undertaken from 16 August 2021 to 18 August 2021 where it was found the service did not demonstrate that they responded appropriately to a consumer’s decline in health in a timely manner. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Education and training provided to all clinical staff involved in supporting consumers to ensure a best practice approach to responding to clinical deterioration.
* Implemented Stop, Assess, Intervention Deterioration (SAID) guidelines to assist clinical and care staff to detect early signs of deterioration in consumers and provide sub-acute care to avoid hospitalisation.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* Consumers and representatives expressed satisfaction with the service’s response to deterioration or change in consumers’ condition. One consumer indicated staff act quickly if they are unwell, referrals to Medical officers occur and they are provided with the care they need. Representatives stated the service communicates important information relating to consumers to them, including in relation to clinical incidents.
* Care files sampled for six consumers demonstrated deterioration and changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. Where changes to consumers’ health were identified, further charting and monitoring processes had been implemented, assessments completed and referrals to Medical officers, Allied health and the ambulance service had been made, as appropriate.
* Clinical and care staff sampled were familiar with sampled consumers’ care needs and described actions they had taken in response to changes in consumers’ health and well-being, including relating to falls, urinary infections and challenging behaviours. Actions included initiating referrals to Medical officers and Allied health professionals and adhering to treatment regimes.
* Care staff said if there are any changes to the consumer’s needs they immediately report to clinical staff.

For the reasons detailed above, I find Anglicare SA Ltd, in relation to AnglicareSA Elizabeth - Dutton Court, Compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed Requirement (3)(b) in Standard 5 Organisation’s service environment as part of the Assessment Contact and have recommended Requirement (3)(b) not met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

In relation to Requirement (3)(b), the Assessment Team were not satisfied the service demonstrated the environment was safe, clean and well-maintained.

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 have come to a different view from the Assessment Team and find Anglicare SA Ltd, in relation to AnglicareSA Elizabeth - Dutton Court, Compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team were not satisfied the service demonstrated the environment was safe, clean and well maintained. The Assessment Team’s report provided the following evidence relevant to my finding:

* Carpeted areas throughout the corridors in two areas and in the main entrance were observed to be stained with some areas of the carpet fraying. Linoleum in one area and the central dining area was streaked and marked. One consumer said that the carpets have been stained for a while and some areas smelt stale. The Assessment Team also noted a stale smell in some areas.
* Management said carpets are cleaned in line with a cleaning schedule, however, have escalated the matter and an external contractor has been arranged. Arrangements have also been made to have linoleum areas cleaned.
* Some walls in corridors were observed to be scuffed and marked; dirt and debris was observed in the door slides of consumers’ sliding doors leading out to the outdoor courtyard and outdoor furniture in two outdoor courtyards was not clean.
* Maintenance issues raised through the paper-based reporting system were not evident of the electronic system. This included lights in the dining area raised in March 2022 which were observed to still not be working and a hot water tap in a kitchenette which had been out of commission for four weeks.
* A garden greenhouse in a courtyard used as a smoking area included a tin can being used as an ashtray, a wooden bench seat and other combustible materials. A water hose reel and tap were approximately 15 metres away from the area.
* The nearest fire extinguisher was located inside the building in a corridor nook area blocked by wheelchairs and mobile walkers and access to the fire hose was also blocked and not readily accessible in the event of an emergency.
* Management stated only staff smoke in the area and have a key to access the door where the fire extinguisher is located. A risk assessment had not been completed for the smoking area.

The provider did not agree with the Assessment Team’s findings. The provider’s response directly addressed the issues raised and included further clarification and supporting documentation, including, but not limited to:

* Cleaning schedules, work orders, invoices and emails dated prior to the Assessment Contact, demonstrating arrangements to clean the carpets had been initiated.
* Evidence demonstrating outdoor areas are cleaned on a monthly basis, with the most recent clean for one of the areas occurring prior to the Assessment Contact.
* Acknowledge ceiling lights had not been replaced since reported, however, working lights in this area ensured the area was still safe to use. Due to circumstances beyond the provider’s control, repairs to the hot water tap have not yet been completed.
* Plan to phase out paper-based maintenance log books and ensure staff are training in the use of the electronic system.
* The provider states the courtyard area is not a consumer smoking area and fire equipment is located nearby. An informal risk assessment of the smoking area was conducted in 2019 and a formal risk assessment of the area has been completed since the Assessment Contact.

I acknowledge the provider’s response and supporting documentation provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. I find that at the time of the Assessment Contact, the service environment was overall safe, clean, well maintained and comfortable, and enabled consumers to move freely, both indoors and outdoors.

I find that with the exception of feedback from one consumer, the evidence presented does not demonstrate consumers have been impacted by the issues identified. In coming to my finding, I have considered supporting documentation included in the provider’s response demonstrates regular cleaning processes are in place, including for outdoor courtyard areas, and soiled/stained carpets had been identified with measures to address these initiated, prior to the Assessment Contact. I have also considered that with the exception of one maintenance request not being actioned, the evidence presented did not indicate there were systemic issues related to maintenance processes.

In relation to the smoking area, I have considered that the area is not used by consumers. However, considering the issues raised by the Assessment Team’s report I would encourage the service to review their monitoring processes as they relate to the environment, specifically this area, to ensure a safe environment is maintained and risks are minimised.

In coming to my finding, I have considered information in the Assessment Team’s report indicating consumers felt safe living at the service and indicated they can move freely both indoors and outdoors. The indoor environment was mostly maintained, with furnishings and structures in good condition. There are reactive and preventative maintenance processes in place and external contractors are utilised to maintain aspects of the service environment. Staff sampled were familiar with fire safety and security measures and annual mandatory fire and emergency training is provided.

While the Assessment Team’s report identifies some areas for improvement in relation to the organisation’s service environment, I do not consider it proportionate to suggest the service environment was not safe, clean, well maintained and comfortable, or that it did not enable consumers to move freely, both indoors and outdoors, based on the deficiencies identified.

For the reasons detailed above, I find Anglicare SA Ltd, in relation to AnglicareSA Elizabeth - Dutton Court, Compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.