Performance

Report

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| Name of service: | AnglicareSA Elizabeth East |
| Service address: | 36c Halsey Road  ELIZABETH EAST SA 5112 |
| Commission ID: | 6963 |
| Approved Provider: | Anglicare SA Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 18 August 2022 to 19 August 2022 |
| Performance report date: | 20 September 2022 |

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 AnglicareSA Elizabeth East (**the service**) has been prepared by Alla Kasyan, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Contact - Site report received 8 September 2022
* Notice of Requirement to Agree to Certain Matters issued to the provider on 26 August 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| **Standard 8** **Organisational governance** | **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.

# Standard 3 Personal care and clinical care:

# Requirement 3(3)(a): Ensure consumers receive safe and effective personal care and clinical care including pain management. Ensure consumers are provided personal care which is in line with their needs and preferences.

# Requirement 3(3)(b): Ensure each consumer’s high impact and high prevalence risks are managed effectively including assessment and management of pain, wounds and pressure injuries.

Standard 7 Human resources:

* Requirement 7(3)(c): Ensure staff are competent in performing their roles including in assessment and delivery of clinical care, specifically in relation to pain and wound management. Ensure effective systems are implemented to monitor staff competency.

**Standard 3**

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| Personal care and clinical care | | Non-compliant |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

**Findings**

I have assessed this Quality Standard as non-compliant as I am satisfied the Requirements 3(3)(a) and 3(3)(b) are non-compliant.

In relation to the Requirement 3(3)(a), the Assessment Team found the service was unable to demonstrate each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to pain management for three consumers.

* For the first consumer, pain monitoring has not occurred for a period of at least 5 days since a medical officer commenced a new medication for an increased pain. In addition, despite ongoing complaints of unmanaged pain, the consumer’s pain was not assessed, monitored and interventions (as required analgesia) were not evaluated to assess its effectiveness for a period of one month. The consumer was crying during the interview stating it was due to their pain. The consumer advised their treating doctor was not listening to their concerns around pain. They said they have been asking for months for help and only recently something happened after they were sent to hospital for investigations of pain and were commenced on a new medication. There were no records to indicate massages were occurring in line with the consumer’s current pain management plan.
* The second consumer advised, whilst their current medication management is effective, they wait too long for pain relief because their call bell can take ‘hours’ to be answered. One staff member confirmed the consumer experiences pain and often has to wait for their pain medications. Non-pharmacological interventions have not been consistently documented to evidence they were offered prior to the administration of pain medication. In addition, effectiveness of ‘as required’ pharmacological interventions have not been consistently recorded to enable monitoring of its effectiveness.
* The third consumer who is diagnosed with complex condition causing ongoing pain, stated they were in pain all the time especially when staff are attending to their wounds. The consumer reported they experience continual terrible headaches, and their head constantly hurts, especially during the dressing change of their wounds. Documentation including progress notes evidence the consumer has been in severe pain since April 2022 when their medications were reviewed and changed by an external palliative care service. However, the service did not relay information about ongoing severe pain to the external service provider when they contacted them again in July 2022 over the phone. The consumer’s medications have not been reviewed since April 2022, despite the consumer’s worsening pain.
* Two consumers reported dissatisfaction with not receiving personal care assistance at the time of their preference.

The Approved Provider submitted a response to the Assessment Team’s report and respectfully requests reconsideration of the Assessment Team’s recommendation of not met. The Approved Provider has acknowledged there are some improvement opportunities and provided clarifying information and actions taken since the assessment contact to address deficiencies in relation to pain management.

In relation to the first consumer:

* The service has been actively working with the consumer to implement new strategies for pain management particularly as the consumer’s care needs and pain levels fluctuate as a result of one of the diagnoses.
* The service recently purchased a specialised tilt-in-space wheelchair to provide postural support and bodyweight redistribution and to support the consumer with pressure injury care and pain management.
* The consumer has been regularly reviewed by a medical officer and it was recorded in the progress notes that the consumer is satisfied and happy with their treatment of pain.
* During one of the regular reviews by the medical officer, the consumer’s medications were discussed with the consumer and it was recommended by the medical officer to have ‘caution use’ of some medications.
* There was no pain charting undertaken because the consumer’s pain was effectively managed from when the most recent pain assessment was done in March 2022 to when the consumer’s tests results were reviewed by a medical officer in August 2022.

In relation to the second consumer:

* Since the Assessment Contact, clinical staff have completed a thorough review of the consumer, including in relation to their emotional wellbeing.
* The provider acknowledges the comments made in relation to the call bell wait times for this consumer. The existing nurse call system is currently being upgraded, which will assist with real-time notifications of call bells.

In relation to the third consumer:

* The Approved Provider acknowledges the comments made in the Assessment Team’s report that the consumer felt their current pain management regime was ineffective in controlling their current pain levels. The Approved Provider has since taken a range of actions including communicating to nursing staff regarding the consumer’s pain charting requirements and referring the consumer to the medical officer, wound specialist and palliative care services for a thorough review.

I acknowledge the provider’s response, the additional information provided, and the actions initiated in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the assessment contact, clinical interventions and staff practices around pain management were not tailored to the consumer’s needs impacting consumers’ health and wellbeing. In addition, two consumers expressed dissatisfaction with timing of personal care assistance not meeting their needs which the provider has not specifically addressed in their response.

While I note the Approved Provider has taken action in response to the information raised in the assessment team report, I was not provided sufficient evidence in the Approved Provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the assessment contact visit; these include having the systems and processes to identify and address consumers’ concerns, review outcomes and adjust staff practice. The Approved Provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure all consumers get personal care and clinical care that is safe and right for each consumer and is in accordance with each consumer’s needs, goals and preferences to optimise health and well-being.

Accordingly, I am satisfied that Requirement 3(3)(a) is non-compliant.

In relation to the Requirement 3(3)(b), the Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks for each consumer, specifically in relation to the management of pressure injuries for two consumers and wound infections for one.

* The service did not identify one consumer developed a pressure injury to their heel until after a visiting external specialist alerted them about it. On the day the pressure injury was found, it was a large wound with a necrotic centre. Whilst staff were aware of the consumer’s specific pressure relieving interventions and devices, these were not observed being implemented/applied during the assessment contact visit.
* No specific strategies were implemented to assist with healing of a new pressure injury for the second consumer or to reduce the risk of the wound’s deterioration despite the consumer’s wound having signs of infection and a diagnosis of diabetes.
* The service did not refer the third consumer to a medical officer for a review despite signs of wound infection.

The Approved Provider submitted a response to the Assessment Team’s report and respectfully requests reconsideration of the Assessment Team’s recommendation of not met. The Approved Provider has acknowledged there are some improvement opportunities and provided clarifying information and actions taken since the assessment contact visit to address the deficiencies in relation to the management of high impact risks associated with pressure injuries and wound infections.

In relation to the first consumer:

* A comprehensive skin assessment was conducted three weeks prior to when the consumer was found to have a pressure injury by an external service provider. The strategies to reduce the risk of sustaining a pressure injury, included bilateral heel protectors, repositioning every two hours when seated and every four hours when in bed; and direction for staff to elevate the consumer’s heels throughout the day.
* Eight days prior to the identification of the pressure injury, the consumer had a further comprehensive head to toe skin assessment conducted, and there were nil irregularities or skin changes observed. As such, the strategies identified earlier remained in place.
* As part of the consumer’s activities of daily living, a care staff should perform a thorough assessment of the consumer’s skin during their daily hygiene and to promptly report any changes to the clinical staff.
* Staff will be reminded about the importance of application of pressure reliving aid to assist with the consumer’s wound management. As a precautionary measure, the consumer has been referred to their medical officer for the purpose of providing any additional measures that the service can take to assist with their wound management.

In relation to the second consumer:

* The provider asserts, the medical officer was contacted on the day the wound was found and a review was requested. The medical officer has since reviewed the consumer’s wound and has advised that there is no infection.
* The service’s electronic care management system has automated options for clinical staff to select when attending to a wound. When selecting ‘purulent exudate’, the system’s automated response states ‘purulent (green/brown) may indicate infection’. This is because purulent exudate may not always mean that there is an infection.
* Since the Assessment Contact, a pressure injuries risk assessment has also been updated, and the consumer’s care plan has been updated to alert staff of the pressure injury.

In relation to the third consumer:

* The provider states the third consumer has not had an infected wound. The provider states when the wound was dressed on the second day of the assessment contact visit, it was documented that the exudate did not indicate an infection. The provider acknowledges that the wound chart had an entry which was an automated “purulent (green/brown) may indicate infection”. However, asserts the wound was not infected and the Assessment Team ‘s report does not record whether or not the Team attended, reviewed or sighted the consumer’s wounds, or spoke to clinical staff in relation to the status of the wound.

I acknowledge the Approved Provider’s response, the additional information provided, and the actions initiated in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the Provider’s response, I find at the time of the Assessment Contact, strategies and interventions to minimise risk of developing of pressure injuries were not consistently applied for two consumers. In addition, there was a lack of monitoring of application of the interventions. In coming to my finding in relation to the first consumer, I’ve considered the Assessment Team’s observation of pressure relieving interventions not being applied. In addition, the fact the pressure injury was found by the visiting service provider leads me to think care staff did not perform a thorough assessment of the consumer’s skin daily as per the consumer’s care plan. If they did, the consumer’s wound should have been discovered by the service’s own personnel.

In coming to my finding in relation to the second consumer, I’ve considered at the time of the assessment contact visit, no specific pressure relieving interventions were applied to minimise the risk of the consumer’s wound deterioration.

While I note the Approved Provider has taken action in response to the information raised in the Assessment Team’s report, I was not provided sufficient evidence in the Approved Provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the assessment contact visit; these include having robust systems and processes to identify and manage each consumer’s high impact/high prevalence risks associated with pressure injuries. The Approved Provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure all consumers’ high impact/high prevalence risks are managed effectively.

Based on the summarised evidence above, I find the service non-compliant in this requirement.

**Standard 7**

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| Human resources | | Non-compliant |
| 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 |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant |

**Findings**

I have assessed this Quality Standard as non-compliant as I am satisfied the Requirement 7(3)(c) is non-compliant.The service was unable to demonstrate the workforce is competent and has the skills and knowledge to effectively perform in their roles, specifically in relation to pain and wound management.

* Three consumers advised they experienced ongoing, significant pain which they felt was not being managed. No specific training around pain was provided to care staff to enable timely identification and escalation of unmanaged pain to clinical staff.
* Care staff were not competent or knowledgeable in relation to identifying and reporting skin abnormalities to clinical staff in line with the organisation’s procedures. In addition, observations showed staff did not apply pressure relieving interventions/devices competently. One consumer developed a large pressure injury which was not identified by the service’s own workforce and brought to the service’s attention by an external service provider.
* The service did not have effective processes to identify deficits in clinical staff knowledge or competency in performing their roles.

The Approved Provider submitted a response to the Assessment Team’s report and respectfully requests reconsideration of the Assessment Team’s recommendation of not met. The Approved Provider has acknowledged there are improvement opportunities and provided a list of actions taken since the assessment contact visit to address the deficiencies in staff skills and knowledge specifically in relation to pain and wound management. Improvements include comprehensive training for senior care staff in relation to leadership, personal care expectations, mentoring, escalating items raised by families and complaints processes, skin monitoring (wound identification) and handover.

The Approved Provider has committed to addressing the deficits identified in the Assessment Team’s report. However, at the time of the assessment contact, the service did not demonstrate staff were competent or had the knowledge to effectively perform their roles. Staff were identified as not competently performing clinical assessment and management of consumers’ pain and wounds and implementing pressure injuries preventative strategies. The service had multiple processes in place to monitor staff competence in performing their roles including training and auditing of clinical documentation. However, the service failed to identify deficits in staff competence and knowledge in performing their roles in delivering safe and effective care to consumers.

Based on the summarised evidence above, I find the service non-compliant in this requirement.

I am satisfied the Requirement 7(3)(a) assessed in Standard 7 Human Resources is compliant.

Feedback from staff, consumers and representatives indicated overall there are sufficient staff numbers when rostered shifts are filled and there are generally enough staff to tend to consumer care needs. However, when rostered shifts are not filled there can be delays in meeting consumer needs. Management is actively recruiting for staff across all areas, conducts roster reviews to align with consumer acuity and has ongoing bulk staff bookings through agencies to reduce unfilled shifts.

**Standard 8**

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

**Findings**

The Assessment Team assessed the Requirement 8(3)(d) in this Standard and have recommended this requirement as met. All other requirements in this Standard were not assessed. Therefore, an overall rating has not been provided.

The service has effective organisational risk management and clinical governance systems which are implemented at the service and staff practice is in line with organisational expectations in managing risks. The Board is responsible for overseeing management and ensuring risk management and accountability arrangements are in place throughout the organisation. The service has incident reporting systems to identify and respond appropriately to risks associated with consumer care and risks associated with elder abuse. The service has clinical incident management policies, procedures, risk registers and escalation processes in place to guide staff practice.

Based on the summarised evidence above, I find the service compliant in this requirement.

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-2)