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: | 7 March 2023 |
| Performance report date: | 4 May 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 AnglicareSA Elizabeth East (**the service**) has been prepared by M Dubovinsky 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 Approved Provider’s response to the Assessment Team’s report received on 27 March 2023; and
* the performance report dated 20 September 2022 for the Assessment Contact undertaken from 18 August 2022 to 19 August 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.

Standard 3 Requirements (3)(a)

* Review relevant policies and procedures in relation to identifying and managing consumers’ clinical care needs and specifically in relation to pain, oxygen therapy and skin integrity management.
* Ensure staff are aware of and follow relevant policies and procedures in relation to the delivery of safe and effective personal care and clinical care and specifically in relation to pain, oxygen therapy and skin integrity management.

# 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

I have assessed the Quality Standard as Non-compliant as I am satisfied Requirement (3)(a) is Non-compliant.

The service was found Non-compliant with Requirements (3)(a) and (3)(b) following an Assessment Contact conducted on 18 August 2022 to 19 August 2022 where the service was unable able to demonstrate;

* Each consumer gets safe and effective personal care and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing, specifically in relation to three consumers receiving ineffective pain management and two consumers being dissatisfied with the timing of personal care being provided; and
* Effective management of high impact or high prevalence risks associated with the care of each consumer specifically in relation to pressure injuries and wound infections.

Requirement (3)(a)

The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Reviewed policies and procedures in relation to pain management and developed a flow chart to guide staff.
* Appointed additional clinical staff to monitor and manage consumers’ pain.
* Training in the form of a pain management workshop was provided to staff.

During the Assessment Contact undertaken on 7 March 2023 the Assessment Team recommended the service was unable to demonstrate consumers’ pain was effectively managed for three consumers sampled.

Consumer A

* Documentation shows the consumer has a complex history of pain. The consumer said they experience pain daily and acknowledged a range of treatments are undertaken. The representative stated the consumer’s pain has reduced and the consumer has declined a referral for a pain specialist.
* Clinical staff confirmed a range of pain assessments have been completed and pharmacological strategies developed. Documentation showed a range of non-pharmacological strategies were documented in the care plan.
* Progress notes on two occasions did not show if alternative non-pharmacological strategies were trialled prior to the administration of medication.
* The Assessment Team observed the consumer’s pain-relieving gel was not documented in the care plan as a pain-relieving strategy.

Consumer B

* The consumer stated they experience frequent pain in their legs and heels every day. The consumer stated staff provide medications but they previously requested massage which has not occurred and expressed frustration to the Assessment Team.
* Care planning documentation did not show non-pharmacological strategies were developed to manage the consumer’s pain. In addition, non-pharmacological strategies trialled prior to the administration of medication were not documented in the progress notes. Care planning documentation showed an allied health review was undertaken and the provision of a walking program implemented for the consumer. Evidence did not show the allied health review involved assessment and review of the consumer’s pain.
* Care staff were not aware of strategies to manage the consumer’s leg pain and stated they refer to nursing staff.
* A pain assessment was completed approximately six weeks prior to the Assessment Contact which identified thigh pain but not lower leg pain.
* Documentation viewed showed when the consumer is administered pain relieving medication the outcome is recorded as having good effect.
* The consumer is diagnosed with a condition impacting the consumer’s ability to absorb oxygen and is prescribed and administered regular oxygen to manage their medical condition. Management and clinical staff sampled were unable to provide information on oxygen monitoring requirements including oxygen flow rates. Documentation showed in the previous four weeks the consumer’s oxygen saturation was recorded on four occasions and on one day the oxygen flow rate. The care plan documentation does not provide guidance on the frequency of changing oxygen tubing, monitoring of oxygen flow rate or frequency of monitoring vital signs including saturation. Evidence confirming the consumer’s oxygen delivery equipment was regularly cleaned or replaced was not provided.

Consumer C

* Documentation shows the consumer has a diagnosis of cognitive impairment and has developed swelling to their lower leg four days prior to the Assessment Contact. Clinical staff were aware of the recently developed swelling and had reported it to the medical officer.
* The consumer stated they have swelling to their leg and find it uncomfortable. In addition, the consumer stated staff are not doing anything about the swelling.
* No recent pain assessment was undertaken in relation to the swelling.
* There was no evidence of staff monitoring the lower leg swelling or pain.

The Approved Provider submitted a response to the Assessment Team’s report and refutes the Assessment Team’s findings. The Approved Provider asserts that they were compliant with the Requirement at the time of the Assessment Contact and submitted the following information and evidence relevant to my finding:

Consumer A

* Information in the response indicating the consumer’s pain-relieving gel was prescribed by the medical officer and a sample of administration records by staff for the pain-relieving gel.
* Information in the response showing prior to the medication being administered the trialling of an alternative strategy being given 1-to-1 support. The response further states a range of mandatory responses are provided as alternative strategies including repositioning and ‘other’.

Consumer B

* The response indicates six weeks prior to the Assessment Contact a pain assessment was completed which identified pain to the consumer’s thigh with mild pain on movement with staff to monitor and report any pain to nursing staff for assessment.
* The response shows the consumer was reviewed by the medical officer approximately five weeks prior to the Assessment Contact and was diagnosed with a condition associated with pain to the consumer’s back and prescribed pain-relieving medication.
* The response indicates the consumer did not have pain to their leg and heel prior to entering the service.
* The response indicates an Allied Health Assessment was completed approximately two weeks prior to the Assessment Contact and showed the consumer has pain to their back and associated occasional mild discomfort to their left foot.
* The response states approximately two weeks prior to the Assessment Contact the consumer had severe pain to both legs and as required pain relief was administered with good affect.
* Information in the response states the consumer does not have a cognitive impairment and is able to verbalise pain and the clinical documentation does not indicate the consumer experiences pain every day.
* Information in the response states the Allied Health Functional Assessment is how allied health staff have input into the consumer’s pain management and the consumer had an assessment completed approximately two weeks prior to the Assessment Contact. Evidence of strategies were not provided with the response.
* In relation to oxygen management, information in the response indicates the consumer’s oxygen flow rate is checked daily as part of the consumer’s medication administration as the consumer has a medical order.

Consumer C

* Information in the response indicates approximately three weeks prior to the assessment contact the medical officer reviewed the consumer for increasing pain in their knee and noted an increase in swelling in both legs. The information in the response indicates the consumer was commenced on a medication to reduce the swelling. A subsequent review nine days later by the medical officer recommended to continue with current pain medications.
* Information in the response states four days prior to the Assessment Contact the consumer developed swelling again and the medical officer was notified.
* Information in the response states the day prior to the Assessment Contact and day of the Assessment Contact the consumer had no pain on six occasions and minor pain on one occasion. The response states the consumer’s pain was being appropriately managed and monitored.
* Information in the response states, the 7-day handover sheet shows the service had recorded staff were to encourage the consumer to elevate their legs.
* Information in the response showing an Allied Health Functional Assessment was completed approximately six weeks prior to the Assessment Contact noting swelling to the right knee and pain to both knees and recommendations were made by the allied health worker for massage to both knees.

I acknowledge the Approved Provider’s response and the additional information provided. Based on the Assessment Team’s report and the Approved Provider’s response, I find the service was not able to demonstrate effective pain management for Consumers A and B, unable to demonstrate effective oxygen therapy management for Consumer B and unable to demonstrate effective skin integrity management and associated oedema for Consumer C.

In relation to Consumer A, I find the consumer did not receive effective pain management which is tailored to the consumer’s needs. Whilst, I have considered the information in the response which indicates the limitations of the electronic medication management system and the mandatory fields in the recording of the alternative’s trialled prior to the administration of medication, I find this has not effectively managed the consumer’s pain. In coming to my finding, I have noted and placed weight on the information provided in the response which showed for the two occasions where the consumer was administered pain relieving medication the alternatives trialled, being given 1-to-1 support, were not consistent with the strategies outlined in the consumer’s care plan. In relation to the pain-relieving gel which was observed to be in the consumer’s room, I have noted the information in the response shows the consumer’s pain-relieving gel is administered by staff and has been ordered by the medical officer. I would encourage the service to consider securely storing the consumer’s pain-relieving gel.

In relation to Consumer B, I find the consumer did not receive effective pain management which is tailored to the consumer’s needs and did not receive effective and best practice oxygen therapy management. Whilst I acknowledge a pain assessment was completed approximately six weeks prior to the Assessment Contact showing the consumer had pain to their back and thigh, the subsequent assessment completed by the allied health worker had identified a new source of pain being the left foot. Evidence of a reassessment being undertaken to support the effective pain management of this new area of pain was not demonstrated in the response. In addition, I have placed weight on the consumer’s feedback where the consumer stated to the Assessment Team that they experienced frequent pain to their heels and legs, and the information in the response which indicates the consumer does not have a cognitive impairment and is able to verbalise their pain levels. Furthermore, I have noted the consumer stated to the Assessment Team that they requested an alternative therapy, being massage, to manage their pain levels which has not occurred. Information in the response indicates an Allied Health Functional Assessment was completed approximately two weeks prior to the Assessment Contact with allied health staff being involved in the management of the consumer’s pain, however evidence of the assessment and management plan addressing the consumer’s pain including non-pharmacological strategies was not provided in the response.

In relation to Consumer B and best practice management of the consumer’s oxygen therapy, I have noted the service has provided information indicating staff administer the consumer’s oxygen daily as part of the consumer’s regular medical order. However, further evidence to demonstrate effective oxygen therapy and management whilst considering the consumer’s underlying medical diagnosis was not provided. In coming to my finding, I have noted and relied on the evidence which indicates an ineffective process in ensuring the consumer’s oxygen delivery equipment is regularly cleaned or replaced to support best practice. In addition, I find the service has not demonstrated a clear and consistent process for the monitoring of the consumer’s vital signs, including oxygen saturation. In addition, a relevant plan to guide staff practice in the event of adverse readings in consultation with the medical officer was not demonstrated.

In relation to Consumer C, I find the consumer did receive effective pain management tailored to their needs, however, did not receive effective skin integrity management and associated oedema management. In coming to my finding, I have noted the medical officer reviewed the consumer three weeks prior and was aware of the consumer’s lower leg swelling and a treatment plan was commenced. In addition, I have noted from the information in the response that an allied health worker was aware the consumer had swelling in their legs and a conservative treatment plan including massage was implemented for pain management. However, I have placed weight on the evidence which showed the consumer developed increased swelling to their lower leg four days prior to the Assessment Contact and whilst the medical officer was notified the service did not demonstrate further follow up and monitoring was undertaken to monitor and manage the consumer’s skin integrity during the four-day period. In relation to monitoring the consumer’s pain, I have noted and accepted the information in the Approved Provider’s response which indicates the consumer’s pain was being monitored during the day of the Assessment Contact and day prior.

Based on the information summarised above, I find the service Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

Requirement (3)(b)

The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Reviewed the wound management policies and procedures.
* Implemented two additional clinical roles to support effective follow up of clinical issues.
* Engaged a wound specialist and provided education to staff on wound management.

During the Assessment Contact undertaken on 7 March 2023 the Assessment Team recommended the service was able to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer specifically in relation to the management of pressure injuries, diabetes and changed behaviours. The following evidence was considered relevant to my finding:

* Care planning documentation viewed for three consumers showed the wounds were being effectively managed with wounds either healed or healing.
* Care planning documentation for one consumer showed effective management of risks associated with diabetes and management of elevated blood glucose levels.
* Trending reports showed reducing incidents of changed behaviours. The Assessment Team observed the memory support unit to be calm.
* Documentation showed a restrictive practice register is maintained and restrictive practices are minimised.

Based on the information summarised above, I find the service Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# Standard 7

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

Findings

The service was found Non-compliant with Requirement (3)(c) following an Assessment Contact conducted on 18 August 2022 to 19 August 2022 where the service was unable able to demonstrate the workforce is competent and has the skills and knowledge to effectively perform their roles, specifically in relation to pain and wound management. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Education to staff was provided on pain management including on heat packs and wound management. Staff confirmed undertaking pain management workshops.
* Implemented two additional clinical roles to support effective clinical oversight and management.

During the Assessment Contact undertaken on 7 March 2023 the Assessment Team recommended the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The following evidence was considered relevant to my finding:

* Ten consumers and one representative stated staff are competent and capable in their roles.
* Staff demonstrated knowledge to effectively perform their roles including on the management of wounds, pressure area care, changed behaviours and nutrition and hydration.
* Training records showed regular education provided to staff on a range of topics including elder abuse, infection control, manual handling and wound management.
* Management stated performance appraisals are undertaken to identify opportunities for improvements in staff competency. Performance appraisals viewed confirmed when staff request further education to ensure competence staff are provided further training to support them in their roles.

I find the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. In coming to my finding, I have noted the evidence in deficits in staff practice in relation to the provision of oxygen therapy, pain management and skin integrity management which have been reflected in Standard 3 Personal care and clinical care Requirement (3)(a). To support my finding of Compliance, I have considered the evidence in Standard 3 Personal care and clinical care Requirement (3)(b) specifically in relation to staff having the relevant skills and knowledge to provide clinical care in relation to consumers with wounds, diabetes, changed behaviours and restrictive practices. In addition, I have placed weight on the Assessment Team’s evidence demonstrating staff knowledge to effectively perform their roles for consumers in relation to the management of consumers’ clinical care including wound care, pressure area care, changed behaviours and nutrition and hydration care and service needs.

Based on the information summarised above, I find the service Compliant with Requirement (3)(c) in Standard 7 Human resources.

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)